

Back to Education Programme:



Back to Education Allowance Scheme (Second Level and Third Level Option),
Education, Training and Development Option and Part-time Education Option.

Only fill in this form if you are getting Jobseeker's Allowance, Jobseeker's Benefit, Farm Assist, One-Parent Family Payment, Deserted Wife's Allowance, Deserted Wife's Benefit, Widow's or Widower's Non-Contributory Pension, Widow's or Widower's Contributory Pension, Prisoner's Wife's Allowance, Illness Benefit, Disability Allowance, Blind Pension, Invalidity Pension, Incapacity Supplement or Carer's Allowance.

How to complete application form for Back to Education Allowance.

- Please tear off this page and use as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Please answer **all questions**.
- You need a Personal Public Service Number (PPS No.) before you apply.

Fill in all **Parts**. When form is completed, sign declaration in **Part 1**.

If you need any help to complete this form, please contact your local Social Welfare Office or Citizens Information Centre.

For more information, log on to **www.welfare.ie**.

How to fill in first page of this form

To help us in processing your claim:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.:	1	2	3	4	5	6	7	T											
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other												
3. Surname:	M	U	R	P	H	Y													
4. First name(s):	M	A	U	R	E	E	N												
5. Your first name as it appears on your birth certificate:	M	A	R	Y															
6. Birth surname:	M	C	D	E	R	M	O	T	T										
7. Your mother's birth surname:	K	E	L	L	Y														
8. Your date of birth:	2	8		0	2		1	9	7	0									
	D	D		M	M		Y	Y	Y	Y									

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T								
	O	L	D		T	O	W	N												
	C	O		D	O	N	E	G	A	L										
10. Your telephone number:	0	1	7	0	4	3	0	0	0											
	LANDLINE																			
	0	8	6	1	2	3	4	5	6	7										
	MOBILE																			
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		

SAMPLE

Application form for

Back to Education Programme



Part 1

Your own details

1. Your PPS No.:

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2. Title: (insert an 'X' or specify)

Mr. Mrs. Ms.

Other

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3. Surname:

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4. First name(s):

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5. Your first name as it appears on your birth certificate:

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6. Birth surname:

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7. Your mother's birth surname:

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8. Your date of birth:

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D D

M M

Y Y Y Y

Contact Details

9. Your address:

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10. Your telephone number:

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LANDLINE

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MOBILE

11. Your email address:

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Declaration

I declare that all the information I have given on this form is accurate.

I will tell the Department when my means or circumstances change.

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Signature (not block letters)

Date:

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D D

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M M

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Y Y Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.



12. Please give details of all second level and third level courses you have completed and year(s) you got each qualification: (If you have no qualifications write none)

Type of course:

Year obtained:
 Y Y Y Y

Type of course:

Year obtained:
 Y Y Y Y

Type of course:

Year obtained:
 Y Y Y Y

(Examples of qualifications include Junior, Intermediate or Leaving Certificate or third level courses such as B.A., B.Sc., B.Comm., H.Dip., or M.A. or qualifications in any other country)

13. What work experience do you have? (please give details of previous employment, if any)

Employer's name:

Employer's address:

Job title:

Dates you worked there:

From:

To:

D D M M Y Y Y Y



Please give details of the course you would like to do:

14. Name of school or college:

15. Address of school or college:

16. What is the course: Second Level Third Level Foundation or Access Third Level undergraduate Approved postgraduate

17. Is the course: Full-time Part-time

18. Please state:
 Title of course:

Type of qualification:

Awarding body: (example Hetac, Fetac, Btec or College)

How long is the course: year(s)

Specify current year of course: First Second Third Fourth

What is the end date of course:
 D D M M Y Y Y Y

Note

You must provide confirmation from the Registrars or Admissions Office of your school or college that you are registered as a full-time day student. This letter should contain the starting and finishing date of the course of study in the current academic year. You will only get the Back to Education Allowance or the Cost of Education Allowance when you have given this information.

Please see Part 6 for address.



If you are getting any of the following payments:

- **Jobseeker's Benefit**
- **Jobseeker's Allowance**
- **Farm Assist**
- **One-Parent Family Payment**
(paid by your local Social Welfare Office)

Send this form together with the details of college registration to:

Your local Social Welfare Office

- **Illness Benefit**

Back to Education Schemes
Department of Social Protection
Social Welfare Services
Government Buildings
Shannon Lodge
Carrick-on-Shannon
Co. Leitrim

Tel: 071 96 72698

- **One-Parent Family Payment**
(paid from Social Welfare Services Sligo)
- **Deserted Wife's Benefit**
- **Deserted Wife's Allowance**
- **Widow's or Widower's (Contributory) Pension**
- **Widow's or Widower's (Non-Contributory) Pension**
- **Prisoner's Wife's Allowance**
- **Blind Pension**

Department of Social Protection
Social Welfare Services
College Road
Sligo

LoCall: 1890 500 000

- **Invalidity Pension**
- **Disability Allowance**
- **Incapacity Supplement**
- **Carer's Allowance**

Department of Social Protection
Social Welfare Services
Ballinalee Road
Longford

LoCall: 1890 927 770

Note: The rates charged for the use of 1890 (LoCall) numbers may vary among different service providers.



To be completed by your local Social Welfare Office

Local Social Welfare Office code number:

Application for (please tick): Second Level Option Third Level Option
 Part-time Education Education, Training & Development

Please state payment type: JA JB Credits

Please state periods of Unemployment and Cumulative Total:

From:	To:	CT:	
From:	To:	CT:	
Type (JA or JB):	From:	To:	CT:

Please give details of periods spent on FÁS, Community Employment, VTOS, BTEA, BTWA, Job Initiative, Job Assist.

Type:	<input type="text"/>	From:	To:	CT:
	<input type="text"/>	From:	To:	CT:
	<input type="text"/>	From:	To:	CT:

Date: **20**
D D M M Y Y Y Y

Signature of local officer (not block letters)

Data Protection and Freedom of Information

We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

