



Application form for

Back to Education Programme:

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

You need a Personal Public Service Number (PPS No.) before you apply.

How to complete this application form.

- Please use this page as a guide to filling in this form.
- Please answer **all questions**. Incomplete forms will be returned and this may delay your application.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Your application **must be** submitted together with the details of your college course before the start date of your course of study. (If your course has already started please outline the reason for the late application).
- Your application may be referred to the Departments Activation Case officer. Following consultation with you, they will determine the employment relevance of your chosen course. Further to this, a Deciding Officer will advise you if you satisfy the eligibility criteria for the BTEA scheme and will outline what additional information/documentation that may be required. It is only at the end of this three-part process (where applicable) that your BTEA can be fully decided.
- Applications for the Student Grant Scheme are processed by Student Universal Support Ireland (SUSI). For more information, log on to **www.studentfinance.ie**.
- It is not possible to receive the Back to Education Allowance and a Student Grant maintenance element at the same time. However, you may be eligible for the student services charge and/or tuition fees under the Student Grant scheme.
- Please note that a person who was in receipt of voluntary redundancy does not have immediate access to BTEA.

Fill in all **Parts** as they apply to you. When form is completed, sign declaration in **Part 1**.

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

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

How to fill in first page of this form

To help us in processing your application:

- 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 date of birth:	2	8		0	2		1	9	7	0									
	D	D		M	M		Y	Y	Y	Y									
8. Your mother's birth surname:	K	E	L	L	Y														

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T							
	O	L	D		T	O	W	N											
	D	O	N	E	G	A	L		T	O	W	N							
County	D	O	N	E	G	A	L		Postcode										
10. Your telephone number:	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	
	MOBILE																		
	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	
	LANDLINE																		
11. Your email address:	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R		
	B	O	X																

SAMPLE



Application form for Back to Education Programme

Part 1

Your own details

1. **Your PPS No.:**

2. **Title:** (insert an 'X' or specify) Mr. Mrs. Ms. Other

3. **Surname:**

4. **First name(s):**

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

6. **Birth surname:**

7. **Your date of birth:**

D D M M Y Y Y Y

8. **Your mother's birth surname:**

Contact Details

9. **Your address:**

County Postcode

10. **Your telephone number:**

MOBILE

LANDLINE

11. **Your email address:**

Declaration

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.

Signature (not block letters)

Date:

D D M M 2 0 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. If your course has already started please outline the reason for the late application:

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13. Please give details of all second level and third level courses you have completed and year(s) you got each qualification:

Course 1

Type of course:

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Year obtained:

--	--	--	--

Y Y Y Y

Qualification received:

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Please specify award type:

Full

Major

Minor

Special purpose

Course 2

Type of course:

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Year obtained:

--	--	--	--

Y Y Y Y

Qualification received:

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Please specify award type:

Full

Major

Minor

Special purpose

Please attach a copy of all educational qualifications received to date.

Note: a separate sheet of paper can be used for more details if needed.

Examples of qualifications include Junior, Intermediate or Leaving Certificate, FETAC level courses or third level courses such as HETAC level courses, Degree, Honours Degree, H.Dip. Post Graduate Diploma or Masters (MA) or qualifications in any other country. Qualifications Recognition, which is part of Quality and Qualifications Ireland (QQI), facilitates the academic recognition of foreign qualifications in Ireland.

For more information, log on to www.qqi.ie or call 01 9058100.

You should provide written confirmation from this Authority of any qualifications received outside of Ireland.

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

Employer's name:

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Employer's address:

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Job title:

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Dates you worked there:
From:

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To:

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D D M M Y Y Y Y

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

15. Name of school or college:

16. Address of school or college:

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

Please attach a copy of your course offer, CAO application or a copy of the web page advertising the course.

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

19. Please state:
 Title of course:

Level of qualification:

Award type: Full Major Minor Special purpose

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

How long is the course: year(s)

Specify current year of course: First Second Third Fourth

The start date of course:
 D D M M Y Y Y Y

The end date of course:
 D D M M Y Y Y Y

20. Have you previously attended this course of study?

Yes No

If 'Yes', please give details:

21. Have you previously attended a course equivalent to the same qualification?

Yes No

If 'Yes', please attach proof of the year you obtained this qualification.

Note

If you have an entitlement to Back to Education, you will be asked to provide confirmation from the Registrars/Admissions Office/Students Records 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 when you have given this information.

22. Please state why you consider this course of education will increase your re-employment chances and is relevant to any progression plan agreed with the Department:

23. Are you getting a Social Welfare payment? Yes No

24. If Yes, what payment are you getting?

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25. How long have you been getting this payment?

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 months

26. Name of office that pays this payment:

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28. If you are not getting a social welfare payment, are you?
 A dependant on your spouse’s, civil partner’s or cohabitant’s social welfare payment.
 Signing for credits or forwarding medical certificates for credit purposes.

29. What is your spouse’s, civil partner’s or cohabitant’s PPS No.:

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30. Are you in receipt of an increase for your spouse, civil partner or cohabitant?
 Yes No

If ‘Yes’, do you wish to continue to receive this increase?
 Yes No

31. Are you in receipt of an increase for your dependant children?
 Yes No

If ‘Yes’, do you wish to continue to receive this increase?
 Yes No

32. Have you taken part in any of the following:

FÁS course

VTOS

Community Employment (CE)/Rural Social Scheme

BTEA

Job Bridge/Internship

BTWEA, FÁS Job Initiative, Job Assist, STEA, Tús, ETB, Solas, Gateway, Momentum, Springboard

Dates you spent on the above scheme or course:

From:

To:

D D

M M

Y Y Y Y

33. Are you getting any of the following secondary benefits?

Fuel Allowance

Rent or Mortgage Interest Supplement

34. Have you recently been awarded Statutory Redundancy?

Yes

No

If 'Yes', please attach a photocopy of your redundancy document (RP 50).

35. Have you applied for the Student Support Grant

Yes

No

36. Please give details in the space provided of any additional information you may wish to give about your application.

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 offer to:

Your local Intreo Centre or Social Welfare Office

- **Illness Benefit**

BTEA Section

Illness Benefit Section
Áras Mhic Dhiarmada
Store Street
Dublin 1

Telephone: 01 704 3294 or
01 704 3696

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

Department of Social Protection
Social Welfare Services
College Road
Sligo

Telephone: 071 915 7100
LoCall: 1890 500 000

If you are calling from outside the Republic of Ireland please call
+ 353 71 915 7100

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

Department of Social Protection
Social Welfare Services
Ballinalee Road
Longford

Telephone: 043 334 0000
LoCall: 1890 927 770

If you are calling from outside the Republic of Ireland please call
+ 353 43 334 0000

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

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

For official use only

To be completed by your local Intreo Centre or Social Welfare Office

Local Intreo or Social Welfare Office code number:

Application for (please tick): Second Level Option Third Level Option
 Post Grad Approved Education, Training & Development

Please state payment type: JA JB Credits Other

BTEA new claim 2015/16 year? Yes No

Eligible age? Yes No

Statutory Redundancy? Yes No

Approved course? Yes No

Late claim? Yes No

Progression in Education? Yes No Note: Refer to Case Officer

Please state periods of Unemployment and Cumulative Total:

From:	To:	CT:
From:	To:	CT:
From:	To:	CT:

Please give details of periods spent on Solas, Community Employment, VTOS, BTEA, BTWEA, Job Initiative, Job Assist, Tús, Job Bridge National Internship or Gateway.

Type:		From:	To:	CT:
		From:	To:	CT:
		From:	To:	CT:

Total CT days for BTEA

Eligible for BTEA Yes No

Referral to Case Officer Yes No

Signature of determining officer (not block letters)

Date:
D D M M Y Y Y Y

2 0

For official use only

To be completed by a case officer - recommendation for BTEA

BTEA recommended Yes No

If 'Yes', please outline recommendation reason(s):

If 'No', please give reason(s):

Other relevant information:

Signature of case officer (not block letters)

Date: **2 0**
D D M M Y Y Y Y

Official Intreo Stamp

To be completed by a deciding officer in your local Intreo Centre

BTEA awarded BTEA refused

Decision issued: Yes No

Start date: **2 0**
D D M M Y Y Y Y

ISTS code update Yes No

TLA updated Yes No

Date: **2 0**
D D M M Y Y Y Y

Signature of deciding officer (not block letters)

Data Protection Statement

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

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