

# Vocational Training & Opportunities Scheme

## APPLICATION

### PART ONE: PERSONAL DETAILS

NAME: \_\_\_\_\_ PPS NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_

DISTANCE FROM CENTRE TO YOUR PERMANENT ADDRESS (MILES): \_\_\_\_\_

### PART TWO: ELIGIBILITY

LOCAL SIGNING OFFICE: \_\_\_\_\_ DATE LAST EMPLOYED: \_\_\_\_/\_\_\_\_/\_\_\_\_

PMNT TYPE	PERIOD	AMOUNT	PMNT TYPE	PERIOD	AMOUNT
Jobseeker's Allowance			Invalidity Benefit		
Jobseeker's Benefit			One Parent Family Benefit		
Dep. Spouse/Partner			Credits		
Disability Allowance			Other (please specify)		

### PART THREE: EDUCATION

#### Education History

#### Course Preference

Course	Tick	Course	Tick
Primary School			
Group / Junior Cert			
Leaving Cert			
Degree			
Other (Specify)			

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

To Be Completed By School:

Name & Address of School: \_\_\_\_\_

Course Title: \_\_\_\_\_ Date Of Commencement: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of First Payment by VEC: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Adult Education Officer/Principal/VTOS Co-Ordinator)

PART FOUR: TO BE COMPLETED BY YOUR SOCIAL WELFARE LOCAL OFFICE

- |    |   |         |        |   |  |
|----|---|---------|--------|---|--|
| 1. | Personal Rate   | Yes ' / | No ' / | € |  |
| 2. | Qualified Adult Increase                                  | Yes ' / | No ' / | € |  |
| 3. | Full Qualified Child Increase                             | Yes ' / | No ' / | € |  |
| 4. | Half Qualified Child Increase                             | Yes ' / | No ' / | € |  |
|    | No. of Qualified Child Dependants: _____                  |         |        |   |  |
| 5. | Total Net Weekly Payment on VTOS<br>(excluding fuel/smog) |         |        | € |  |

NB. These rates refer to rates payable on VTOS only.

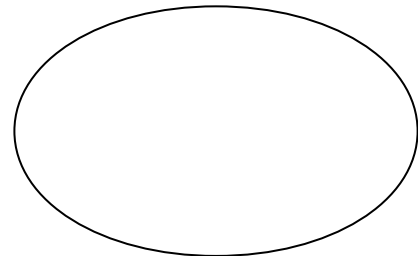
PART FIVE: TO BE COMPLETED BY YOUR SOCIAL WELFARE LOCAL OFFICE

- |    |   |         |        |   |                               |
|----|---|---------|--------|---|-------------------------------|
| 1. | Credits only case – Not in receipt of an Unemployment Payment.  | Yes ' / | No ' / |   |                               |
| 2. | BTEA participant<br>– in receipt of payment from Dept of Social, Community & Family Affairs   | Yes ' / | No ' / |   |                               |
| 3. | The above named is a Qualified Adult on their spouse/partner's JA/JB claim. This spouse/partner is over 21 years of age & has a cumulative total No. of days unemployed in excess of 156. | Yes ' / | No ' / |   |                               |
| 4. | Butter Vouchers Due   | Yes ' / | No ' / |   | No. of Butter Vouchers: _____ |
| 5. | National Fuel Scheme  | Yes ' / | No ' / | € |                               |
| 6. | Smokeless Fuel Scheme   | Yes ' / | No ' / | € |                               |
| 7. | Cumulative No. days unemployed exceed 390 days – Christmas bonus due  | Yes ' / | No ' / |   |                               |
| 8. | As at _____ / _____ / _____ cumulative No. of days unemployed   |         |        |   |                               |

Other Comments: \_\_\_\_\_

Signed: \_\_\_\_\_ (Local Officer)

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



Local Office Stamp