# Social Welfare Services **BTE 1**

# 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 use this page 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	Т									
2. Title: (insert an 'X' or specify)	Mr.			Mrs	s. [X	(	Ms	j. [			O	the	r				
3. Surname:	M	U	R	P	Н	Y											
4. First name(s):	M	Α	U	R	E	E	N										
5. Your first name as it appears on your birth certificate:	M	A	R	Y													
6. Birth surname:	M	С	D	E	R	M	0	T	Т								
7. Your mother's birth surname:	K	Ε	L	L	Y												
8. Your date of birth:	2	8		0	2		1	9	7	0							
	Б	П	-	A.A	A.A	-	V	V	V	V							

#### **Contact Details**

9. Your address:	1		N	Ε	W		S	T	R	Ε	Ε	T				
	0	L	D		T	0	W	N								
	С	0		D	0	N	Ε	G	Α	L						
10.Your telephone number:	0	1	7	0	4	3	0	0	0							
	LA	NI	DΙ	IN	E											

6 8 1 2 3 4 5 7 0 6

MOBILE

11. Your email address:



# Social Welfare Services **BTE 1**





# 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 mother's birth surname:	
8. Your date of birth:	D D M M Y Y Y Y
	Contact Details
9. Your address:	
7. Tour address.	
10.Your telephone number:	
10. Tour telephone number.	LANDLINE
	MOBILE
11.Your email address:	
	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.
	Date: D D M M Y Y Y Y
Signature (not block letters)	

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



### Part 1 continued

### Your own details

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Type of course:																					
Year obtained:																					
	Υ	7	Y	Y	Y	-															
Type of course:																					
Year obtained:																					
	Υ	7	Υ	Y	Y	]															
Type of course:																					
Year obtained:													•								
	Y	7	Υ	Υ	Y	1															
	(E	xa	mr	oles	of o	gua	lific	atio	ns i	nclı	ıde	Jur	nior.	Inte	erm	edi	ate	or l	_eav	ing	
3.What work experience	Ce or	ert M	ific 1.A	ate . or	or qua	thir alifi	d le catio	atio vel ons ve d	cou in a	rses ny (	s su oth	ch a er c	as B oun	.A., try)	B.S	c., E	3.Cc	mn	n., F		
3.What work experience Employer's name:	Ce or	ert M	ific 1.A	ate . or	or qua	thir alifi	d le catio	vel	cou in a	rses ny (	s su oth	ch a er c	as B oun	.A., try)	B.S	c., E	3.Cc	mn	n., F		
-	Ce or	ert M	ific 1.A	ate . or	or qua	thir alifi	d le catio	vel	cou in a	rses ny (	s su oth	ch a er c	as B oun	.A., try)	B.S	c., E	3.Cc	mn	n., F		
Employer's name:	Ce or	ert M	ific 1.A	ate . or	or qua	thir alifi	d le catio	vel	cou in a	rses ny (	s su oth	ch a er c	as B oun	.A., try)	B.S	c., E	3.Cc	mn	n., F		
Employer's name:	Ce or	ert M	ific 1.A	ate . or	or qua	thir alifi	d le catio	vel	cou in a	rses ny (	s su oth	ch a er c	as B oun	.A., try)	B.S	c., E	3.Cc	mn	n., F		
Employer's name: Employer's address:	Ce or	ert M	ific 1.A	ate . or	or qua	thir alifi	d le catio	vel	cou in a	rses ny (	s su oth	ch a er c	as B oun	.A., try)	B.S	c., E	3.Cc	mn	n., F		
Employer's name: Employer's address:  Job title:	do yo	ert M	ific 1.A	ate . or	or qua	thir alifi	d le catio	vel	cou in a	rses ny (	s su oth	ch a er c	as B oun	.A., try)	B.S	c., E	3.Cc	mn	n., F		
Employer's name: Employer's address:	do yo	ert M	ific 1.A	ate . or	or qua	thir alifi	d le catio	vel	cou in a	rses ny (	s su oth	ch a er c	as B oun	.A., try)	B.S	c., E	3.Cc	mn	n., F		
Employer's address:  Job title:  Dates you worked there	do yo  im:	ert M	ific 1.A	ate . or	or qua	thir alifi	d le catio	vel	cou in a	rses ny (	s su oth	ch a er c	as B oun	.A., try)	B.S	c., E	3.Cc	mn	n., F		



## Your payment details

You can get your payment at your local post office or direct to your current, deposit or savings account in a financial institution. Please complete either option below.

	Post Office
Post Office address:	
	Financial Institution
	You will get the following details printed on statements from your financial institution.
Name of financial institution:	
Sort code:	
Account number:	
Bank Identifier Code (BIC):	
International Bank Account Number (IBAN):	
rvamber (ib/xiv).	
Name(s) of account holder(s):	
Name 1:	
Name 2 (if any):	



### Details of school or college

Please give details of the c	course you would like to do:
14. Name of school or college:	
15.Address of school or college:	
conege.	
16.What is the course:	Second Level Third Level Third Level Approved Foundation undergraduate or Access
17.ls 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.



1 d11 4	Details of social welfare income
19. Are you getting a Social Welfare payment?	Yes No
20.If Yes, what payment are you getting?	
21. How long have you been getting this payment?	months
22. Name of office that pays this payment:	
23.Address of office that pays this payment:	
24.If you are not getting a social welfare payment,	A dependant on your spouse's or partner's social welfare payment.
are you?	Signing for credits or forwarding medical certificates for credit purposes.
25. What is your spouse's or partner's PPS No.:	
26.Have you taken part in any of the following:	FÁS course VTOS Community Employment (CE)/Rural Social Scheme
	BTEA BTWA, FÁS Job Initiative, Job Assist
Dates you spent on the abov	e scheme or course:
From:	
To:	
	D D M M Y Y Y Y
27.Are you getting any of the following secondary benefits?	Fuel Allowance Rent or Mortgage Interest Supplement
28.Have you recently been awarded Statutory Redundancy?	Yes No
If 'Yes', please attach a pho	stocopy of your redundancy document (RP 50).
Part 5	Additional information
Please give details in the spabout your application.	pace provided of any additional information you may wish to give
<u> </u>	

### Where to send 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 registration to:

**Your local Social Welfare Office** 

• Illness Benefit

Back to Education Schemes
Department of Social and
Family Affairs
Social Welfare Services
Government Buildings
Shannon Lodge
Carrick-on-Shannon

Tel: 071 96 72698

Co. Leitrim

- 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 and Family Affairs Social Welfare Services College Road Sligo

LoCall: 1890 500 000

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

Department of Social and Family Affairs 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.



#### For official use only

#### To be completed by your local Social Welfare Office **Local Social Welfare Office** code number: Second Level Option **Third Level Option** Application for (please tick): Part-time Education **Education**, Training & Development Please state payment type: JB Credits JA Please state periods of From: To: CT: **Unemployment and Cumulative Total:** CT: From: To: CT: Type (JA or JB): From: To: Please give details of periods spent on FÁS, Community Employment, VTOS, BTEA, BTWA, Job Initiative, Job Assist. From: To: CT: Type: From: To: CT: From: To: CT: Date: D

**Signature** of local officer (**not** block letters)

#### **Data Protection and Freedom of Information**

We, the Department of Social and Family Affairs, 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. 65K 07-09

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