

VTOS APPLICATION FORM 2018/2019

PLEASE USE BLOCK CAPITAL LETTERS. PLEASE COMPLETE PAGE 1 ONLY.

Closing Date for Applications: Friday 28th September 2018

THIS FORM, FULLY COMPLETED, SHOULD BE RETURNED TO:
VTOS Co-ordinator, City North College Hollyhill, Knocknaheeny, Cork

PART ONE: PERSONAL DETAILS			
Name:			
Address:			
PPS Number:			
Phone Number(s):	Home No:	Mobile No:	
Date of Birth:			
PART TWO: COURSE DETAILS			
Course Applied For:			
Have you been on VTOS before?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state academic year: _____		
PART THREE: EDUCATIONAL DETAILS			
At what age did you leave school?		What year did you leave school?	
What was the <u>highest educational exam</u> you achieved? Please give year.	Group Certificate	Year: _____	
	Junior Certificate	Year: _____	
	Leaving Certificate	Year: _____	
	Other _____	Year: _____	
(For EU/Non-EU please specify whether Upper or Lower Secondary School equivalent)			
Do you already have a PLC/FETAC qualification/Trade Certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify and give year: _____ Year: _____		
Do you already have a third level qualification/degree?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: _____ College: _____		

Signature: _____ **Date:** _____

The VEC wish to acknowledge the help and assistance received from the Departments of Education & Science, Enterprise & Employment, Social & Family Affairs and the EU Social Fund in administrating the VTOS programme.



PART FOUR: SOCIAL WELFARE DETAILS

The College will send this form to the Social Welfare Office for completion.

**This candidate is applying for the VTOS Scheme. No place has yet been offered.
We will inform you if/when an offer is made to the applicant.**

Please confirm that the applicant is over 21 years of age Yes No

Which type of benefit applies to this applicant or spouse of applicant? Please give commencement date.

Applicant's Local Signing Office: _____

Jobseeker's Benefit since _____ **Disability Benefit since** _____

Jobseeker's Assistance since _____ **Disability Allowance since** _____

One-Parent Family since _____ **Adult Dependent since** _____

Has the applicant/spouse 312 qualifying days for training allowance? Yes No

Is the applicant/spouse entitled to:

Smog Allowance Yes No **Fuel Allowance** Yes No

Breakdown of Payments/Entitlements (only complete for Jobseeker's Benefit/Assistance)

Personal Rate	€ _____	Smog Allowance	€ _____
Qualifying Adult	€ _____	Fuel Allowance	€ _____
Full Qualifying Child	€ _____	Total Weekly Payment	€ _____
Half Qualifying Child	€ _____		
Credits Only	€ _____		

Signed: _____
(Local Officer)

Date: _____

Contact Telephone Number: _____ **Email Address:** _____

OFFICIAL STAMP