

2014 VTOS Application Form (VTOS 1) Core DM

Part 1: Personal & Social Protection Details		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Name:					
Address:					
Date of Birth:			Mobile Phone No:		
PPSN:			Landline No:		
Email:					
Have you a medical condition you would like to make us aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Do you have a disability you feel may interfere with your course? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Do you require childcare (under the CETS funding scheme)? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Next of Kin Name:			NoK Number:		
Medical Card Number:			Distance from centre:		

Part 2: Eligibility for VTOS Course		Payment Type:		JSA	<input type="checkbox"/>	JSB	<input type="checkbox"/>
DA	<input type="checkbox"/>	DB	<input type="checkbox"/>	OPFP	<input type="checkbox"/>	Credits	<input type="checkbox"/>
		Dependant	<input type="checkbox"/>	Other	<input type="checkbox"/>		
When did you commence on this payment? _____							

Part 3: Education History		Primary	<input type="checkbox"/>	Inter/Junior	<input type="checkbox"/>	Leaving	<input type="checkbox"/>
PLC	<input type="checkbox"/>	Degree	<input type="checkbox"/>	FETAC / QQI	<input type="checkbox"/>	Other	_____

Part 4: Course Preference		Learning for Everyday Living L3		<input type="checkbox"/>	
Information & Communication Technologies L3		<input type="checkbox"/>	General Learning L4		<input type="checkbox"/>
Other (<i>please state</i>):					

I declare that the above information is true and accurate.

Signed: _____

Date: _____

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etb

Bord Oideachais agus
Oiliúna Thiobraid Árann
Tipperary Education and
Training Board

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Phone / Fax: 0504 21166



Coordinator: Dr Laurenz Egan
Administrator: Bernie Gleeson



Part 5: To be completed by the Department of Social Protection

I confirm that the information as outlined in the sections overleaf is correct and in accordance with this departments records, subject to the following comment (if any)
Comment:

Breakdown of Payments	€	Other Payments	€
Type		Fuel	
Personal Rate		Christmas Bonus	
Qualifying Adult		Other	
Full Qualifying Child			
Half Qualifying Child		No. of child dependents _____	
Credits only			
Total			
As at ___/___/_____ cumulative no of eligible days is _____			
Signed: _____		Date: _____	
Local Officer		Stamp:	

Part 6: To be completed by ETB Tipperary VTOS section

Decision: Approved <input type="checkbox"/> Refused <input type="checkbox"/>	Course start date:
Course Approved: 3M0874 <input type="checkbox"/> 3M0877 <input type="checkbox"/> 4M2010 <input type="checkbox"/> DM <input type="checkbox"/>	
Duration of Course: 1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/>	Payment start date:
Entitlements: Travel: € _____	Meals: € _____
Comment:	
Signed: _____ VTOS Coordinator	Date: _____