## Application form for

# Part Time Education Option



- Please use BLOCK LETTERS and BLACK INK and complete all questions.
- Log on to www.welfare.ie for more information.

Only fill in this form if you are getting Jobseeker's Allowance or Jobseeker's Benefit and are seeking permission to take a part-time course.

Part 1	Your own details								
1. Your PPS No:									
2. Title: (insert an 'X' or specify)	Mr. Mrs. Other								
3. Surname:									
4. First name(s):									
5. Your birth surname:									
6. Your date of birth:	D D M M Y Y Y Y								
	Contact Details								
7. Your address:									
8. Your telephone number:	LANDLINE								
	MOBILE								
9.Your email address:									
Declaration									
I wish to apply for the Part-time Education Option. I understand that I must continue to satisfy the conditions of being available for and genuinely seeking work. I understand that if I am offered work while on the course I will be expected to accept the job offer. I understand that if I am on a DSP payment which is time limited such as Jobseekers Benefit, it may run out whilst pursuing this course. I declare that all the information I have given is accurate and I will notify the Department when my means or circumstances and/or those of my spouse, civil partner or cohabitant change.  Date:  Date:  Description:									
Table 1 (1100 Stock Totals)									

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

10.Please give details of all se you got each qualification	econ :	d le	evel	an	d tl	nird	llev	/el	cou	rse	s y	ou	ha	ve	con	nple	ete	d aı	nd y	/ea	r(s)
Type of course:																					
Year obtained:	Y	Y	Y	Υ																	
Qualification received: (Awarding body for example FETAC)																					
Type of course:																					
Year obtained:	Υ	Υ	Y	Y																	
Qualification received:																					
Type of course:																					
Year obtained:	Υ	Υ	Υ	Υ																	
Qualification received:																					

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. The National Qualifications Authority of Ireland is the Irish centre for the recognition of international qualifications, known as Qualifications Recognition Ireland. The website is www.qualrec.ie.



### Details of school, college or course provider

You must provide details in relation to the course you wish to pursue. You must provide a suitable cover letter from the institution providing the course confirming starting, finishing date, timetable and attendance required. 11.Name of school, college or course provider: 12.Address of school, college or course provider: 13. What is the course: Second Level Third Level Third Level **Postgraduate Foundation** undergraduate or Access 14.ls the course: Part-time Full-time **Distance** 15. Please state: Title of course: NFO Level and type of qualification: Awarding body: (example Hetac, Fetac, Btec or College) vear(s) months

Second

Third

evening

hours

**Fourth** 

weekend

hours

How	long	is t	he	course:

	_	
Specify	current	year of

course:	

Start date of course:

End date of course:

Pattern of weekly

attendance:

### Work placement on this course (if any):

Start date of work placement: End date of work placement:

16. Have you previously attended this course?

If 'Yes', please give details:

D	D	M	M	•	Y	Y	Y	Y

Yes Nο

M M

day hours

**First** 

D D

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V.	nte	

You must continue to satisfy the conditions of being available for and genuinely seeking work. If you are offered work while on the course you will be expected to accept the job offer. Entitlement to Jobseeker's Benefit will continue to run down while pursuing this course.



#### For official use only To be completed by your local Social Welfare Office **Local Social Welfare Office** code number: Payment type: CT days: **PTEO Granted:** Yes No ISTS code 'PTEO' input to Yes No ISTS claim: Claimant notified: No Yes Other relevant information: Date:

Signature of local officer

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

We, the Department of Social Protection, 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.

OK 10-12

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