



ST AILBE'S SCHOOL PLC COURSES APPLICATION FORM

Tel: 062-51905
<http://www.ailbes.com>

Fax: 062- 51378
email: scoil@ailbes.com

First Name: _____ Surname: _____

Address: _____

Date of Birth: _____

Telephone numbers: _____ (home) _____ (mobile)

PPS number: _____ Email: _____

Medical Card No: _____ Expiry Date: _____

Details of previous education and training courses, if any:

Details of previous experience in this vocational area, if any:

PLEASE
ATTACH
PHOTO
HERE

| COURSE DETAILS | |
|--|---|
| Please number in order of preference (1 being favourite) | |
| Business Studies <input type="checkbox"/> | Childcare Level 5 <input type="checkbox"/> |
| Secretarial Course (2 years) <input type="checkbox"/> | Security Studies <input type="checkbox"/> |
| Nursing Studies <input type="checkbox"/> | Healthcare Support <input type="checkbox"/> |

Signature _____

Date _____

Please return this application by September

Please return to: Mary Ryan, Adult Education Co-ordinator, St Ailbe's, Rosanna Rd., Tipperary Town, Co. Tipperary.

Information contained in this form is private, confidential and non-bias.

ELIGIBILITY FOR VTOS ALLOWANCE

If you are in receipt of **one the payments listed below from the DSFA for a period of 6 months or more and you are over 21 years of age** you will be eligible to register as a VTOS candidate. This means that you can attend any of the courses and still receive your benefit.

ARE YOU IN RECEIPT OF ANY OF THE FOLLOWING?
(*GIVE TOTAL LENGTH OF TIME IN MONTHS IN SECTION BELOW)

| | Period* | Amount | | Period | Amount |
|-----------------------------|---------|--------|------------------------------|--------|--------|
| UNEMPLOYMENT. ASSISTANCE | | | INVALIDITY BENEFIT | | |
| UNEMPLOYMENT. BENEFIT | | | ONE-PARENT FAMILY PAYMENT | | |
| DEP. SPOUSE/PARTNER | | | CREDITS | | |
| DISABILITY ALLOWANCE | | | OTHER(SPECIFY) | | |

Periods spent on FAS or Community Employment Schemes can count towards this qualifying period, but a person must be getting one of the relevant social welfare payments immediately before starting the course.

CHILDCARE FUNDING MAY BE AVAILABLE

DO YOU WISH TO APPLY FOR CHILDCARE ALLOWANCE? YES/NO

NO OF CHILDREN REQUIRING CHILDCARE IN SEPTEMBER _____

DISTANCE FROM CENTRE TO YOUR PERMANENT ADDRESS (MILES) _____

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE

SIGNED: _____ DATE: _____

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

