Pilot Support Scheme 2020

Application Form

Applicants Full Name (in block letters)

For Official Use Only

Student Ref No:

CLOSING DATE: 6th November 2020

Please read the Guidance Notes 2020/21 regarding eligibility criteria carefully before completing this form. A copy of the Guidance Notes is available on https://www.education.ie/en/Learners/Services/Pilot-Support-Scheme/Pilot-Support-Scheme.html

Depending on your circumstances, Higher Education – Equity of Access (HEEA) may agree to accept your application after the closing date.

Please use BLACK INK and write in BLOCK LETTERS

Please answer all questions. If a question or section does not apply to you, please enter ‘N/A’ (not applicable).

If you need further advice or support filling in this form, please contact HEEA support desk by email at pilotscheme@education.gov.ie.

You must return your completed application form by and documentary evidence to HEEA Section by email to:

pilotscheme@education.gov.ie.
A – Personal Details

A1. Your PPS No.: 

A2. Your INIS Person ID No.: 

A3. Your title: Mr. Mrs. Ms. Other (Please Specify) 

A4. Your surname: 

A5. Your first name(s): 

A6. Your first name as it appears on your birth certificate: 

A7. Your birth surname: 

A8. Your mother’s birth surname: 

A9. Your date of birth: 

A10. Your gender: Male Female 

A11. Your current address: 

A12. Your telephone numbers: HOME MOBILE 

A13. Your email address: 

A14. Category of Applicant: 

- Student dependent on parent(s)/legal guardian 
- Mature student dependent on parent(s)/legal guardian 
- Independent mature student
A15. Are you: (please tick)  
- Single (never married)  
- Married/in a civil partnership  
- Cohabiting  
- Remarried  
- Separated  
- Divorced/Former civil partner  
- Widowed/Surviving civil partner

B – Nationality and Residency

B1. What country were you born in?  
- Ireland  
- Elsewhere  
  If Ireland, enter the county:  
  If elsewhere, enter the country:

B2. What is your nationality?

B3. What is the basis of your permission to reside in the state? (please tick)  
   (Documentary evidence required)  
   Tick  
   a) Asylum applicant;  
   b) Subsidiary protection applicant;  
   c) Leave to remain stage (other than those at deportation stage)

(Please Note: If you are not one of the above 3 categories, you are not eligible for support).

B4. Date of entry to the State;  

B5. Date application made to  
The Office of the Refugee Applications Commissioner (ORAC):  
   (Documentary evidence required)  
   ORAC application reference number:

B.6 Have you been resident in Ireland for at least the last 3 years as at the 31st August 2020?  
   Yes  
   No

(Documentary evidence required)
C1. Date of entry to the Irish school system?  
(Documentary evidence required)

C2. Name and address of recognised school or schools attended and dates of attendance:

<table>
<thead>
<tr>
<th>Official Name and address of recognised school attended</th>
<th>Start date</th>
<th>Finish date</th>
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C3. Have you completed the Leaving Certificate Programme?  
(Documentary evidence required)

   Yes ☐ No ☐

In what year did you complete the Leaving Certificate Programme?

C4. Have you secured an undergraduate course through the CAO application process?  
(Documentary evidence required)

   Yes ☐ No ☐

CAO ID Number

C5. Which type of full-time course do you wish to pursue in the 2020/21 academic year?

- PLC NFQ Level 5 or equivalent
- PLC NFQ Level 6 or equivalent
- NFQ Level 6 (Higher Certificate) or equivalent
- NFQ Level 7 (Ordinary Degree) or equivalent
- NFQ Level 8 (Honours Bachelor Degree) or equivalent

Institution Name:
Course:

Course Code:

Course Start Date:

Is this a full-time course? [ ] Yes [ ] No

Which year of the course will you be enrolling e.g., 1st Year, 2nd Year:

Is this course an add-on course? [ ] Yes [ ] No

C6. Have you previously attended a course of further or higher education? [ ] Yes [ ] No

a) If Yes, was your previous attendance on a PLC course? [ ] Yes [ ] No

b) If Yes, was your previous attendance on an Undergraduate course? [ ] Yes [ ] No

c) If Yes, was your previous attendance on a Postgraduate course? [ ] Yes [ ] No

If you have answered yes to any of the above, please enter the details below:

Type of course

- PLC NFQ Level 5 or equivalent
- PLC NFQ Level 6 or equivalent
- NFQ Level 6 (Higher Certificate) or equivalent
- NFQ Level 7 (Ordinary Degree) or equivalent
- NFQ Level 8 (Honours Bachelor Degree) or equivalent
- NFQ Level 8 (Higher Diploma) or equivalent
- NFQ Level 9 (Postgraduate Diploma) or equivalent
- NFQ Level 9 (Masters Degree)
- NFQ Level 10 (PHD)

Title of course

a) Name of college or institution

b) Address of college or institution
c) On what basis did you attend this course?  
Full-time  
Part-time  

d) Start date of the course  


e) Did you complete the course?  
Yes  
No  

f) If yes, what qualification did you receive?  


g) When did you leave, finish or last attend this course?  


h) Will you be continuing on this course in 2020/21?  
Yes  
No  

i) What year of the course did you last attend?  


Additional courses:

<table>
<thead>
<tr>
<th>a) Type of course</th>
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<tbody>
<tr>
<td>PLC NFQ Level 5 or equivalent</td>
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<td>NFQ Level 10 (PHD)</td>
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</tbody>
</table>

b) Title of course  


c) Name of college or Institution  


d) Address of college or institution  


e) On what basis did you attend this course?  
Full-time  
Part-time  

f) Start date of the course  


g) Did you complete the course?  
Yes  
No  

h) If yes, what qualification did you receive?  


i) When did you leave, finish or last attend this course?  


j) Will you be continuing on this course in 2020/21?

k) What year of the course did you last attend?

C7. What is the full title of the highest qualification you have attained?

C8. Have you applied for or will you be getting any other student financial assistance from Ireland or abroad for 2020/21 academic year?

If Yes, please give details of all awards/funds from the awarding/funding body including non-government organisations or Department(s) and the full amount, including fees, that you will get in 2020/21:
### D – Personal details of your parents/guardians/spouse or civil partner

<table>
<thead>
<tr>
<th>Relationship to applicant</th>
<th>Father or Legal Guardian or Foster Parent</th>
<th>Mother or Legal Guardian or Foster Parent</th>
<th>Spouse or Civil partner or cohabitant</th>
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<tr>
<td><strong>D1. PPS No:</strong></td>
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<td><strong>D2. INIS Person ID No:</strong></td>
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<td><strong>D3. Date of Birth:</strong></td>
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<td><strong>D4. Surname:</strong></td>
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<td><strong>D5. First name(s):</strong></td>
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<td><strong>D6. Mother’s birth surname:</strong></td>
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**D7. Current marital status:**

- Single (never married)
- Married/
  - In a civil partnership
- Cohabitng
- Separated
- Divorced/
  - Former civil partner
- Remarried
- Widowed/
  - Surviving civil partner
  
  *If you are under 23*
  - Deceased
    * (tick only if both parents deceased)
  - Estranged
    * (in cases where an applicant is under 23 years of age is living away from the family home due to circumstances beyond the applicant’s control and estrangement can be proven, the applicant can be assessed on their own income.)
D8. Address:

D9. Telephone numbers:

D10. Employment status:
- Employed
- Self-employed
- Unemployed
- Retired
- Student
- Home duties
- Other (please specify)

D11. Occupation

Father or Legal Guardian or Foster Parent

Mother or Legal Guardian Or Foster Parent

Spouse or Civil partner or cohabitant
E1. If you are applying as a student dependent on parent(s) or legal guardian, or a mature student dependent on parent(s) or legal guardian please list other dependent children of your parent(s) or legal guardian and your own dependent children, if applicable. If you are applying as an independent mature student, list your own dependent children and the dependent children of your spouse, if applicable.

Please give details below of dependent children (Including foster children) who, on 1 October 2019, were in the following categories. Completing this section will ensure that any potential delays will be minimised and it may be to your benefit should a grant be awarded. This may positively impact income threshold levels:

(a) under 16 years of age;
(b) 16 years of age or over and in full-time education; or
(c) medically certified as permanently unfit for work.

Completing this section will ensure that any potential delays will be minimised and it may be to your benefit should a grant be awarded. This may positively impact income threshold levels.

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Category of Dependent child: (a); (b); or (c)</th>
<th>School or college this child attended in 2019/2020 (if applicable)</th>
<th>Relationship to the applicant</th>
<th>PPS No</th>
<th>INIS Person ID Ref No</th>
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E2. Please give details of the children listed above who, in the 2020/21 academic year, will attend a full-time course of further or higher education and training in Ireland.

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>College or institution student will attend in 2019/20</th>
<th>Course Title</th>
<th>Year of course this student will be in for 2020/21</th>
<th>Has this student applied / or will apply for a student grant?</th>
<th>Awarding grant authority (if applicable)</th>
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# F – Reckonable Income

**F1. Were you or your parent/guardian/spouse/civil partner or cohabitant employed in 2019 on a full-time, part-time or temporary basis?**

If **Yes**, enter the total gross income from all employments including any benefit-in-kind in 2019.

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Father or legal guardian</th>
<th>Mother or legal guardian</th>
<th>Spouse or civil partner or cohabitant</th>
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</thead>
<tbody>
<tr>
<td>Y</td>
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<td>Y</td>
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</table>

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<th>Total: €</th>
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<th>Total: €</th>
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</thead>
</table>

**F2. Did you or your parent/guardian/spouse/civil partner or cohabitant receive any social welfare payments in 2019?**

If **Yes**, list the name of the payment(s) and enter the total gross amount received from 1 January 2019 to 31 December 2019.

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Father or legal guardian</th>
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<th>Spouse or civil partner or cohabitant</th>
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<th>Total: €</th>
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</thead>
</table>
F3. Did you or your parent/guardian/spouse/civil partner or cohabitant receive a payment from any other Government Department or State Agency, for example, the Health Service Executive (HSE), SOLAS or a local authority in 2019?

If Yes, list the name of the payment(s) and enter the total gross amount received from 1 January 2019 to 31 December 2019.

<table>
<thead>
<tr>
<th></th>
<th>Applicant</th>
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<th>Mother or legal guardian</th>
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<td>Total:</td>
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</table>

F4. Did you or your parent/guardian/spouse/civil partner or cohabitant receive any other RECKONABLE income in 2019 from any sources not mentioned above?

If Yes, please provide a description of income and enter the total gross amount paid.

<table>
<thead>
<tr>
<th></th>
<th>Applicant</th>
<th>Father or legal guardian</th>
<th>Mother or legal guardian</th>
<th>Spouse or civil partner or cohabitant</th>
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<tr>
<td>Total:</td>
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</table>
Checklist
Before you return this form to the HEEA Section, please make sure that you have:

- Fully answered all questions and that your parent(s), legal guardian, spouse, civil partner or cohabitant, as applicable, have done so as well.
- Signed and dated the relevant declarations.
- Submitted the relevant documentation:
  - Basis for staying in Ireland (Question B3)
  - Date application made to ORAC (Question B5)
  - Date of entry to Irish School System (Question C1)
  - Evidence of attendance at recognised school (Question C2)
  - Completion of Leaving Certificate Programme (Question C3)
  - CAO Acceptance Letter (Question C4 if applicable)
Reminder:

➢ SIGN AND DATE THE DECLARATIONS BELOW AND ALSO ON PAGE 16

I undertake that, in accessing any courses funded by HEEA Section, Department of Education and Skills, I will comply in full with all relevant legislation relating to my permission to reside status in the State.

Applicant (Signature)_________________ (Print name) ________________________
Date________________

In order to process your application it will be necessary for the HEEA to contact relevant higher education institutions, PLC colleges, relevant Government Departments, Agencies and other relevant bodies in order to verify the information you have provided and, in turn, to share the information you have provided.

I (Print name) …………………………….. agree to the sharing of the personal information I have provided as outlined above.

Applicant Signature_________________ Date ________________
Father or legal guardian Signature __________________________
Date ________________
Mother or legal guardian Signature __________________________
Date ________________
I/We declare that all the information that I/We have given in this application is complete and accurate.

I/We will inform the awarding authority if my/our means or circumstances change.

I/We accept that failure to provide accurate information through a deliberate material omission or inaccuracy, will result in loss of support and repayment of any portion of a grant already received.

Applicant Signature_______________ Date _______________

Father or legal guardian Signature _______________

Date _______________

Mother or legal guardian Signature _______________

Date _______________

The Department of Education and Skills, as far as practicable and having regard to the resources available, provides for education and training for people resident in the State at a level appropriate to meet the needs and abilities of those people. The main purpose for which the Department requires the personal data provided by you is to determine eligibility for the Pilot Support Scheme and to monitor and administer its payment. The personal data provided may be exchanged with the Department of Justice & Equality and Further/Higher Education institutions. The privacy notice outlining further information in relation to this form can be found at https://www.education.ie/en/The-Department/Data-Protection/gdpr/third-level-further-education-and-training/

Full details of the Department's data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available at https://www.education.ie/en/The-Department/Data-Protection/. Details of this policy and privacy notice are also available in hard copy from the address above upon request.
Before you return this form to HEEA Section, please make sure that you have:

- fully answered all questions and that your parent(s), legal guardian, spouse, civil partner or cohabitant, as applicable, have done so as well;
- signed and dated the relevant declaration(s)
- all Supporting documentary evidence as requested

You must return your completed form to HEEA Section at:

pilotscheme@education.gov.ie.

The HEEA assessment team will contact you by email after they have completed the initial assessment of your application.

Following this initial assessment you may be asked to submit further photocopies of documentary evidence to support your application.

HEEA Section support desk can be contacted at pilotscheme@education.gov.ie

Note: If you, your parent(s), legal guardian, spouse, civil partner or cohabitant, as applicable, fail to complete the relevant sections we will return the application form to you.

This will delay the processing of your grant application and may delay payment if your application is successful.