Pilot Support Scheme 2017
Application Form

Applicants Full Name (in block letters)  

For Official Use Only

Student Ref No:

CLOSING DATE: 2\textsuperscript{nd} November 2017

Please read the Guidance Notes 2017/18 regarding eligibility criteria carefully before completing this form. A copy of the Guidance Notes is available on [http://www.education.ie/en/Learners/Services/Pilot-Support-Scheme/Pilot-Support-Scheme.html](http://www.education.ie/en/Learners/Services/Pilot-Support-Scheme/Pilot-Support-Scheme.html)

Depending on your circumstances, HEEAQ Section 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 HEEAQ support desk, telephone 057 9325317 or email: pilotscheme@education.gov.ie

You must return your completed application form and documentary evidence to HEEAQ Section at:

Pilot Support Scheme 2017  
Higher Education - Equity of Access & Qualifications (HEEAQ)  
Department of Education & Skills  
Portlaoise Road  
Tullamore  
Co Offaly
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;  
D D M M Y Y

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 5 years as at the 31st August 2017?  
Yes  
No  
(Documentary evidence required)
C – 2017/2018 Course details and academic history

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

D D M M Y Y

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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</table>

C3. Have you obtained your Leaving Certificate? (Documentary evidence required)

Yes [ ] No [ ]

In what year did you obtain your Leaving Certificate?

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 2017/18 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 □
Additional courses:

a) 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)

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

h) Will you be continuing on this course in 2017/2018? Yes ☐ No ☐

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

j) Did you complete the course? Yes ☐ No ☐

k) If yes, what qualification did you receive?

l) When did you leave, finish or last attend the course?
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 2017/2018 academic year? 

Yes ☐  No ☐  

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 2017/2018: 


**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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**D1. PPS No:**

**D2. INIS Person ID No:**

**D3. Date of Birth:**

**D4. Surname:**

**D5. First name(s):**

**D6. Mother’s birth surname:**

**D7. Current marital status:**

- Single (never married)
- Married/In a civil partnership
- Cohabiting
- 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 2016, 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 2015/2016 (if applicable)</th>
<th>Relationship to the applicant</th>
<th>PPS No</th>
<th>INIS Person ID Ref No</th>
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</table>
E2. Please give details of the children listed above who, in the 2017/18 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 2017/18</th>
<th>Course Title</th>
<th>Year of course this student will be in for 2017/18</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 2016 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 2016.

<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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<tbody>
<tr>
<td><strong>Y</strong></td>
<td>N</td>
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<td><strong>Total:</strong></td>
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<td><strong>Total:</strong> €</td>
<td><strong>Total:</strong> €</td>
<td><strong>Total:</strong> €</td>
</tr>
</tbody>
</table>

#### F2. Did you or your parent/guardian/spouse/civil partner or cohabitant receive any social welfare payments in 2016?

If **Yes**, list the name of the payment(s) and enter the total gross amount received from 1 January 2016 to 31 December 2016.

<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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<tbody>
<tr>
<td><strong>Y</strong></td>
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<td><strong>Total:</strong> €</td>
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</tbody>
</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 2016?

If Yes, list the name of the payment(s) and enter the total gross amount received from 1 January 2016 to 31 December 2016.

<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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</tbody>
</table>

**Total:** €

### F4. Did you or your parent/guardian/spouse/civil partner or cohabitant receive any other RECKONABLE income in 2016 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>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>Y</td>
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<td>Y</td>
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</table>

**Total:** €

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13
Checklist
Before you return this form to the HEEAQ 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 (Question C3) ☐
  - CAO Acceptance Letter (Question C4 if applicable) ☐
Reminder:

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

<table>
<thead>
<tr>
<th>I undertake that, in accessing any courses funded by HEEAQ 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.</th>
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<tbody>
<tr>
<td>Applicant (Signature)_________________  (Print name) ________________________ Date____________</td>
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<tr>
<th>In order to process your application it will be necessary for the HEEAQ 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.</th>
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<tr>
<td>I (Print name) …………………………….. agree to the sharing of the personal information I have provided as outlined above.</td>
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<tr>
<td>Applicant Signature   _________________   Date ________________</td>
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<tr>
<td>Father or legal guardian Signature _________________ Date ________________</td>
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<tr>
<td>Mother or legal guardian Signature _________________ Date ________________</td>
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</table>
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 ______________

Before you return this form to HEEAQ 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 HEEAQ Section at:

Pilot Support Scheme 2017  
Higher Education - Equity of Access and Qualifications Section  
Department of Education & Skills  
Portlaoise Road  
Tullamore  
Co Offaly

The HEEAQ Section assessment team will contact you by post or 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.

HEEAQ Section support desk can be contacted at 057 93 25317 or 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.