Pilot Support Scheme 2018
Application Form

Applicants Full Name (in block letters)

For Official Use Only

Student Ref No:

CLOSING DATE: 2nd November 2018

Please read the Guidance Notes 2018/19 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 at 057 9325317 or email: pilotscheme@education.gov.ie.

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

Pilot Support Scheme 2018
Higher Education - Equity of Access
Department of Education & Skills
Portlaoise Road
Tullamore
Co Offaly
## A – Personal Details

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>A1. Your PPS No.:</td>
<td></td>
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<td>A2. Your INIS Person ID No.:</td>
<td></td>
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<tr>
<td>A3. Your title:</td>
<td>Mr.</td>
</tr>
<tr>
<td>A4. Your surname:</td>
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<td>A5. Your first name(s):</td>
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<tr>
<td>A6. Your first name as it appears on your birth certificate:</td>
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<tr>
<td>A7. Your birth surname:</td>
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<td>A8. Your mother’s birth surname:</td>
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<td>A9. Your date of birth:</td>
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<tr>
<td>A10. Your gender:</td>
<td>Male</td>
</tr>
<tr>
<td>A11. Your current address:</td>
<td></td>
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<tr>
<td>A12. Your telephone numbers:</td>
<td>HOME</td>
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<td>A13. Your email address:</td>
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<td>A14. Category of Applicant:</td>
<td>Student dependent on parent(s)/legal guardian</td>
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<td></td>
<td>Mature student dependent on parent(s)/legal guardian</td>
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<td></td>
<td>Independent mature student</td>
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</tbody>
</table>
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)  
(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 2018?  
Yes □  
No □  

(Documentary evidence required)
C – 2018/2019 Course details and academic history

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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</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

☐

C.5. Which type of full-time course do you wish to pursue in the 2018/19 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 2018/2019? Yes No

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

Additional courses:

<table>
<thead>
<tr>
<th>a) Type of course</th>
<th>b) Title of course</th>
<th>c) Name of college or Institution</th>
<th>d) Address of college or institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLC NFQ Level 5 or equivalent</td>
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<td>PLC NFQ Level 6 or equivalent</td>
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<td>NFQ Level 9 (Masters Degree)</td>
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<td>NFQ Level 10 (PHD)</td>
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</table>
j) Will you be continuing on this course In 2018/2019?  
[ ] Yes  [ ] No

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 2018/2019 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 2018/2019:
D – Personal details of your parents/guardians/spouse or civil partner

**Relationship to applicant**

<table>
<thead>
<tr>
<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>
</tr>
</thead>
</table>

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.)
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 2017, 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 2017/2018 (if applicable)</th>
<th>Relationship to the applicant</th>
<th>PPS No</th>
<th>INIS Person ID Ref No</th>
</tr>
</thead>
</table>
E2. Please give details of the children listed above who, in the 2018/19 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 2018/19</th>
<th>Course Title</th>
<th>Year of course this student will be in for 2018/19</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**

<table>
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<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>
<tr>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
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**Total:**

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<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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<td>€</td>
<td>€</td>
<td>€</td>
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</tbody>
</table>

**F1.** Were you or your parent/guardian/spouse/civil partner or cohabitant employed in 2017 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 2017.

<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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**Total:**

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<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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<td>€</td>
<td>€</td>
<td>€</td>
</tr>
</tbody>
</table>

**F2.** Did you or your parent/guardian/spouse/civil partner or cohabitant receive any social welfare payments in 2017?

If **Yes**, list the name of the payment(s) and enter the total gross amount received from 1 January 2017 to 31 December 2017.

<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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**Total:**

<table>
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<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>
<tr>
<td></td>
<td>€</td>
<td>€</td>
<td>€</td>
</tr>
</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 2017?

If Yes, list the name of the payment(s) and enter the total gross amount received from 1 January 2017 to 31 December 2017.

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

### F4. Did you or your parent/guardian/spouse/civil partner or cohabitant receive any other RECKONABLE income in 2017 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 cohabitant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
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<tr>
<td>Total: €</td>
<td>Total: €</td>
<td>Total: €</td>
<td>Total: €</td>
</tr>
</tbody>
</table>

14
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 (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:

Pilot Support Scheme 2018
Higher Education - Equity of Access
Department of Education & Skills
Portlaoise Road
Tullamore
Co Offaly

The HEEA 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.

HEEA 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.