

# Back to Education Programme

Back to Education Allowance (BTEA) (Second Level and Third Level Option),  
Education, Training and Development Option.



## What is Back to Education?

The Back to Education Allowance scheme (BTEA) is an educational opportunities scheme for people in receipt of certain social welfare payments who wish to pursue a second or third level course of education.

## How to complete this application form.

- Please tear off this page and use it as a guide to filling in this form.
- Fill in all **Parts** that apply to you as incomplete forms will be returned and this may delay your application.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an **X** in the relevant boxes.
- When you have completed the form, please sign the declaration in **Part 1**.
- If you need help to complete this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

## Please Note:

- You **must** send details of your course with this application form. (If your course has already started please give the reason for your late application).
- When we have received all the necessary information, your BTEA application can be decided upon.
- Applications for the Student Grant Scheme are processed by Student Universal Support Ireland (SUSI). For more information, visit [www.studentfinance.ie](http://www.studentfinance.ie).
- It is not possible to receive the Back to Education Allowance (BTEA) and a SUSI Student Grant maintenance at the same time. However, you may be eligible for support for the student services charge and/or tuition fees under the SUSI Student Grant scheme. See [www.susi.ie](http://www.susi.ie).
- Please note that a person who has taken voluntary redundancy may not have immediate access to BTEA.
- BTEA is categorised as a tax exempt payment.

For more information, visit [www.gov.ie](http://www.gov.ie).

## How to fill in first page of this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS Number:	1	2	3	4	5	6	7	T											
2. Title: (insert an <b>X</b> or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other												
3. Surname:	M	U	R	P	H	Y													
4. First name(s):	M	A	U	R	E	E	N												
5. Your first name as it appears on your birth certificate:	M	A	R	Y															
6. Birth surname:	M	C	D	E	R	M	O	T	T										
7. Your date of birth:	2	8		0	2		1	9	7	0									
	D	D		M	M		Y	Y	Y	Y									
8. Your mother's birth surname:	K	E	L	L	Y														

## Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T							
	O	L	D		T	O	W	N											
	D	O	N	E	G	A	L		T	O	W	N							
County	D	O	N	E	G	A	L		Postcode										
10. Your telephone number:	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	
	MOBILE																		
	O	N	E		N	U	M	B	E	R		P	E	R		B	O	X	
	LANDLINE																		
11. Your email address:	O	N	E		C	H	A	R	A	C	T	E	R		P	E	R		
	B	O	X																

# SAMPLE

# Application form for Back to Education Programme



## Part 1

### Your own details

1. Your PPS Number:
2. Title: (insert an **X** or specify)  
Mr.  Mrs.  Ms.  Other
3. Surname:
4. First name(s):
5. Your first name as it appears on your birth certificate:
6. Birth surname:
7. Your date of birth:      
D D M M Y Y Y Y
8. Your mother's birth surname:

### Contact Details

9. Your address:   
  
  
County  Postcode
10. Your telephone number:  MOBILE  
 LANDLINE
11. Your email address:

### Declaration

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the department and that I may be prosecuted. I undertake to immediately advise the department of any change in my circumstances which may affect my continued entitlement.

Signature (not block letters)

Date:      
D D M M Y Y Y Y

**Warning:** If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

12. If your course has already started please outline the reason for the late application:

13. Please give details of all second level and third level courses you have completed and year(s) you got each qualification:

**Course 1**

Type of course:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Year obtained:

Y	Y	Y	Y

Qualification received:

Please specify award type:  Full       Major       Minor       Special purpose

**Course 2**

Type of course:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Year obtained:

Y	Y	Y	Y

Qualification received:

Please specify award type:  Full       Major       Minor       Special purpose

**Please attach a copy of all educational qualifications received to date.**

**Note:** a separate sheet of paper can be used for more details if needed.

Examples of qualifications include Junior, Intermediate or Leaving Certificate, QQI courses to level 6 courses or third level courses such as Degree, Honours Degree, H.Dip. Post Graduate Diploma or Masters (MA) or qualifications in any other country. Qualifications Recognition, which is part of Quality and Qualifications Ireland (QQI), facilitates the academic recognition of foreign qualifications in Ireland.

For more information, visit [www.qqi.ie](http://www.qqi.ie) or call 01 9058100.

You should provide written confirmation from this Authority of any qualifications received outside of Ireland.

**14.** What work experience do you have? (please give details of previous employment, if any)

Employer's name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Employer's address:


Job title:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Dates you worked there:

From:

--	--	--	--	--	--	--	--

To:

--	--	--	--	--	--	--	--

D D

M M

Y Y Y Y



### Part 3

### Details of school or college

Please give details of the course you would like to do:

15. Name of school or college:

16. Address of school or college:

17. What is the course:  Second Level  Third Level Foundation  Third Level undergraduate  Approved postgraduate or Access

Please attach a copy of your course offer, CAO application or a copy of the web page advertising the course.

18. Is the course:  Full-time  Part-time

19. Please state: Title of course:

Level of qualification:

Award type:  Full  Major  Minor  Special purpose

Awarding body: (example Hetac, Fetac, Btec or College)

How long is the course:  year(s)

Specify current year of course:  First  Second  Third  Fourth

The start date of course:        
D D M M Y Y Y Y

The end date of course:        
D D M M Y Y Y Y

20. Have you previously attended this course of study?  Yes  No

If Yes, please give details:

21. Have you previously attended a course equivalent to the same qualification?  Yes  No

If Yes, please attach proof of the year you obtained this qualification.

#### Note

If you have an entitlement to Back to Education, you will be asked to provide confirmation from the Registrars/Admissions Office/Students Records Office of your school or college that you are registered as a full-time day student. This letter should contain the starting and finishing date of the course of study in the current academic year. You will only get the Back to Education Allowance when you have given this information.

22. Please state why you consider this course of education will increase your re-employment chances and is relevant to any progression plan agreed with the department:

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23. Are you getting a Social Welfare payment?  Yes  No

24. If Yes, what payment are you getting?

25. How long have you been getting this payment? 







 months

26. Name of office that pays this payment:

27. If you are not getting a social welfare payment, are you?

- A dependant on your spouse's, civil partner's or cohabitant's social welfare payment.
- Signing for credits or forwarding medical certificates for credit purposes.

28. What is your spouse's, civil partner's or cohabitant's PPS Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

29. Are you in receipt of an increase for your spouse, civil partner or cohabitant?

- Yes  No

If **Yes**, do you wish to continue to receive this increase?

- Yes  No

30. Are you in receipt of an increase for your dependant children?

- Yes  No

If **Yes**, do you wish to continue to receive this increase?

- Yes  No



## Part 5

## Additional information

31. Have you taken part in any of the following:

SOLAS/FET course

VTOS

Community Employment (CE)/Rural Social Scheme

BTEA

Internship

BTWEA, SOLAS/FET Job Initiative, Job Assist, STEA, Tús, ETB, Solas, Springboard, JobPath.

Dates you spent on the above scheme or course:

From:

To:

D D

M M

Y Y Y Y

32. Are you getting any of the following secondary benefits?

Fuel Allowance

Rent or Mortgage Interest Supplement

33. Have you recently been awarded Statutory Redundancy?

Yes

No

If **Yes**, please attach a photocopy of your redundancy document (RP 50).

34. Have you applied for the Student Support Grant

Yes

No

35. Please give details in the space provided of any additional information you may wish to give about your application.

**If you are getting any of the following payments:**

- **Jobseeker's Benefit**
- **Jobseeker's Allowance**
- **Farm Assist**
- **One-Parent Family Payment**
- **Covid-19 Pandemic Unemployment Payment**

**Note:** For the Covid-19 Pandemic Unemployment Payment you should also complete an application form for Jobseeker's Allowance or Benefit (UP1 or UP1 JBSE) and include it with this application.

**Send this form together with the details of college offer to:**

**Your local Intreo Centre or Social Welfare Office**

- **Illness Benefit**

**BTEA Section**

Illness Benefit Section  
Áras Mhic Dhiarmada  
Store Street  
Dublin 1

Telephone: 01 704 3294 or  
01 704 3696

- **Deserted Wife's Benefit**
- **Deserted Wife's Allowance**
- **Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension**
- **Widow's, Widower's or Surviving Civil Partner's (Non-Contributory) Pension**
- **Prisoner's Wife's Allowance**
- **Blind Pension**

Department of Social Protection  
Social Welfare Services  
College Road  
Sligo

Telephone: 071 915 7100  
LoCall: 1890 500 000

If you are calling from outside the Republic of Ireland please call + 353 71 915 7100

- **Invalidity Pension**
- **Disability Allowance**
- **Incapacity Supplement**
- **Carer's Allowance**

Department of Social Protection  
Social Welfare Services  
Ballinalee Road  
Longford

Telephone: 043 334 0000  
LoCall: 1890 927 770

If you are calling from outside the Republic of Ireland please call + 353 43 334 0000

**Note:** The rates charged for the use of 1890 (LoCall) numbers may vary among different service providers.

**Please remember to sign the Declaration in Part 1.**

**If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.**

For official use only

To be completed by your local Intreo Centre or Social Welfare Office

Local Intreo or Social Welfare Office code number:

Application for (please tick):  Second Level Option  Third Level Option  
 Post Grad Approved  Education, Training & Development

Please state payment type:  JA  JB  Credits  Other

BTEA new claim 2018/19 year?  Yes  No

Eligible age?  Yes  No

Statutory Redundancy?  Yes  No

Approved course?  Yes  No

Late claim?  Yes  No

Progression in Education?  Yes  No Note: Refer to Case Officer

Please state periods of Unemployment and Cumulative Total:

From:	To:	CT:
From:	To:	CT:
From:	To:	CT:

Please give details of periods spent on Solas, Community Employment, VTOS, BTEA, BTWEA, Job Initiative, Job Assist, Tús, or National Internship.

Type:		From:	To:	CT:
		From:	To:	CT:
		From:	To:	CT:

Total CT days for BTEA

Eligible for BTEA  Yes  No

Referral to Case Officer  Yes  No

**Signature** of determining officer (**not** block letters)

Date:      
D D M M Y Y Y Y

For official use only

To be completed by a case officer - recommendation for BTEA

BTEA recommended  Yes  No

If **Yes**, please outline recommendation reason(s):

If **No**, please give reason(s):

Other relevant information:

**Signature** of case officer (**not** block letters)

Date:            
D D M M Y Y Y Y

**Official Intreo Stamp**

To be completed by a deciding officer in your local Intreo Centre

BTEA awarded  BTEA refused

Decision issued:  Yes  No

Start date:            
D D M M Y Y Y Y

ISTS code update  Yes  No

TLA updated  Yes  No

Date:            
D D M M Y Y Y Y

**Signature** of deciding officer (**not** block letters)

**Data Protection Statement**

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at [www.gov.ie/dsp/privacystatement](http://www.gov.ie/dsp/privacystatement) or as a hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.