What is the Back to Education Programme?
The Back to Education Programme supports those in receipt of certain social protection payments, allowing them to take part in educational, training and personal development courses to improve job opportunities by providing income supports. This form is used to apply for:

- **Back to Education Allowance (BTEA)** supports access to attend second and third-level education, including some postgraduate courses, and is paid for the duration of your course.
- **Education, Training and Development** supports access to education not covered by the BTEA like personal development, basic education, general training or specific job skills courses.

How do I qualify?
To qualify you must be:

- a certain age;
- in receipt of a qualifying social protection payment for a specified period of time;
- starting the first year of a course;
- taking a course requiring full-time attendance for the complete academic year which leads to a recognised qualification in an accepted college; and
- advancing the level of education that you currently hold.

Additional information
You may be eligible for support for your student services charge or tuition fees under the student grant scheme run by Student Universal Support Ireland (SUSI). You may not receive the BTEA and a maintenance grant from SUSI at the same time.

For further information visit [www.susi.ie](http://www.susi.ie) and [www.studentfinance.ie](http://www.studentfinance.ie).

How to complete this application form?
- There is an example on the back of this page that can be used as a guide to fill in this form;
- Write with a **black** ballpoint pen, use capital letters and place an **X** in the relevant boxes; and
- Answer all the questions that apply to you and sign the declaration in **Part 1**.

How do I apply?
Send this completed form and details of your course to the appropriate address listed in **Part 6**.

How can I get help and more information?
If you need any help to complete this form, please contact your local Intreo Centre or Social Welfare Office or any Citizens Information Centre. You can find the name and address of your local Intreo Centre or Social Welfare Office by visiting [www.gov.ie/intreocentres](http://www.gov.ie/intreocentres).

For more information on Back to Education Allowance visit [www.gov.ie/BTEA](http://www.gov.ie/BTEA).
# How to fill in this form

To help us process this form please write letters and numbers clearly and use one box for each. See examples below.

## Part 1

### Your details

1. **PPS Number:**
   - 1 2 3 4 5 6 7 T

2. **Title, insert an X or specify:**
   - Mr 
   - Mrs X
   - Ms 
   - Other

3. **Surname:**
   - M U R P H Y

4. **First names:**
   - M A U R E E N

5. **Full name as on your birth certificate:**
   - M A R Y
   - M C D E R M O T T

6. **Date of birth:**
   - 2 8 0 2 1 9 7 0

7. **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
   - Donegal
   - Eircode
   - F 9 4 T C 0 3

8. **Mobile number:**
   - 0 8 8 1 2 3 4 5 6 7

9. **Email address:**
   - M M A U R E E N @ W E L F A R E . I E
Part 1

Your details

1. PPS Number: 

2. Title, insert an X or specify: Mr [ ] Mrs [ ] Ms [ ] Other [ ]

3. Surname: 

4. First names: 

5. Full name as on your birth certificate: 

6. Date of birth: 

7. Address: 

   County 

   Eircode 

8. Mobile number: 

9. 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, 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.

Date: 

Signature, not capital letters.

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.
10. If your course has already started please outline the reason for the late application:


11. Please give details of all second and third level courses you have completed and the year you got each qualification:

<table>
<thead>
<tr>
<th>Course 1</th>
<th>Course 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of course:</td>
<td>Type of course:</td>
</tr>
<tr>
<td>Year obtained:</td>
<td>Year obtained:</td>
</tr>
<tr>
<td>Qualification received:</td>
<td>Qualification received:</td>
</tr>
</tbody>
</table>

A separate sheet of paper can be used for more details of courses completed if needed.

Attach a copy of all educational qualifications received to date.

Examples of qualifications:

- Junior, Intermediate or Leaving Certificate;
- Quality and Qualifications Ireland (QQI) courses up to level 6;
- Third level courses such as Degrees, Honours Degree, H. Dip. Post Graduate Diploma or Masters; or
- Qualifications in any other country.

Qualifications Recognition which is part of QQI, facilitates the academic recognition of foreign qualifications in Ireland. You should provide written confirmation from the QQI of any qualifications received outside of Ireland.

For more information, visit [www.qqi.ie](http://www.qqi.ie) or call (01) 905 8100.
12. What work experience do you have? Please give details of previous employments, if any:

<table>
<thead>
<tr>
<th>Employer’s name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer’s address:</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>Eircode</td>
</tr>
<tr>
<td>Job title:</td>
<td></td>
</tr>
<tr>
<td>Dates you worked there: From:</td>
<td>To:</td>
</tr>
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<td></td>
<td>D D M M Y Y Y Y</td>
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</tbody>
</table>

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<td>To:</td>
</tr>
<tr>
<td></td>
<td>D D M M Y Y Y Y</td>
</tr>
</tbody>
</table>
**Part 2**

**Your payment details**

You can get your payment direct to your current, deposit or savings account in a financial institution or at a Post Office of your choice. An account must be in your name or jointly held by you. Please complete **one** option below.

### Financial Institution

You will find the following details printed on statements from your financial institution.

- **Name of financial institution:**
- **Bank Identifier Code (BIC):**
- **International Bank Account Number (IBAN):**
- **Names of account holders:**
  - **Name 1:**
  - **Name 2, if any:**

### Post Office

Please enter the name and address of the post office where you wish to collect your payment.

- **Post office name:**
- **Post office address:**
- **County**
- **Eircode**
13. Name of school or college: 

14. Address of school or college: 

County | Eircode

15. What level is the course? 

- [ ] Second level
- [ ] Third level
- [ ] Third level foundation or access
- [ ] Third level undergraduate
- [ ] Approved postgraduate

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

16. Is the course: 

- [ ] Full-time
- [ ] Part-time

17. Please state: 

- Title of course: 
- Level of qualification: 
- Award type: 
  - [ ] Full
  - [ ] Major
  - [ ] Minor
  - [ ] Special purpose

Awarding body, for example, Quality and Qualifications Ireland (QQI), Business and Technology Education Council (BTEC) or college:

How long is the course: 

- [ ] years

What year are you in? 

- [ ] First
- [ ] Second
- [ ] Third
- [ ] Fourth

Beginning and end dates of the course:

From: 

To: 

18. Have you previously attended this course? 

- [ ] Yes
- [ ] No

If yes, please give details:

19. Have you previously attended a course which awarded the same qualification? 

- [ ] Yes
- [ ] No

If yes, please provide a copy of the qualification that you obtained.
Part 4
Details of social protection payments

20. Why do you think this course will increase your re-employment chances and its relevance to any progression plan agreed with the department?

21. Are you getting a social protection payment?  
☐ Yes  ☐ No

22. If yes, what payment are you getting?

23. How long have you been getting this payment?  
☐ ☐ months.

24. Name of office that pays this payment:

25. If you are not getting a social protection payment, are you:

☐ A dependant on your spouse’s, civil partner’s or cohabitant’s social protection payment?

☐ Signing for credits or forwarding medical certificates for credit purposes?

26. What is your spouse, civil partner or cohabitant’s PPS Number?

27. 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

28. 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

29. Have you participated or spent time in any of the following:
   - SOLAS or FET course
   - BTEA
   - VTOS
   - BTWEA, STEA, Tús, ETB, Springboard, Direct Provision Allowance or Daily Expenses Allowance, time spent in prison or custody in this State, Covid-19 Pandemic Unemployment Payment, Part Time Job Incentive Scheme, Supplementary Welfare Allowance, WPEP, YESS or Youthreach

   Beginning and end dates of the scheme or course:
   - From: ___ ___ ___ ___ ___ ___
   - To: ___ ___ ___ ___ ___ ___

30. Are you getting any of the following secondary benefits?
   - Fuel Allowance.
   - Rent Supplement.

31. Have you recently been awarded Statutory Redundancy in Ireland?  
   - Yes  
   - No

   Note: If you have taken voluntary redundancy you may not have immediate access to BTEA.

32. Are you in receipt of any other State assistance, for example HAP or SUSI?  
   - Yes  
   - No

33. Have you applied for the Student Support Grant?  
   - Yes  
   - No

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

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 or in hard copy.
Where you send your application depends on what social protection payment you are getting. Look in the left column below to find your social protection payment and in the right column to see where to send your application.

Please also enclose a copy of your course offer, CAO application or a copy of the webpage advertising the course. In addition, if you have previously attended a course which awarded the same qualification, please provide a copy of the qualification that you obtained.

<table>
<thead>
<tr>
<th>Payment type</th>
<th>Where to send your application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farm Assist</td>
<td>Your local Intreo Centre or Social Welfare Office.</td>
</tr>
<tr>
<td>Jobseeker’s Payment</td>
<td>You can find the name and address by visiting <a href="http://www.gov.ie/intreocentres">www.gov.ie/intreocentres</a>.</td>
</tr>
<tr>
<td>One-Parent Family Payment</td>
<td></td>
</tr>
<tr>
<td>Illness Benefit</td>
<td>BTEA Section</td>
</tr>
<tr>
<td></td>
<td>Illness Benefit Section</td>
</tr>
<tr>
<td></td>
<td>Department of Social Protection</td>
</tr>
<tr>
<td></td>
<td>Áras Mhic Dhiarmada</td>
</tr>
<tr>
<td></td>
<td>Store Street</td>
</tr>
<tr>
<td></td>
<td>Dublin</td>
</tr>
<tr>
<td></td>
<td>D01 WY03</td>
</tr>
<tr>
<td>Blind Pension</td>
<td>Department of Social Protection</td>
</tr>
<tr>
<td>Deserted Wife’s Benefit</td>
<td>Social Welfare Services</td>
</tr>
<tr>
<td>Deserted Wife’s Allowance</td>
<td>College Road</td>
</tr>
<tr>
<td>Prisoner’s Wife’s Allowance</td>
<td>Sligo</td>
</tr>
<tr>
<td>Widow’s, Widower’s or Surviving Civil Partner’s</td>
<td>F91 V83R</td>
</tr>
<tr>
<td>(Contributory) Pension</td>
<td></td>
</tr>
<tr>
<td>Widow’s, Widower’s or Surviving Civil Partner’s</td>
<td></td>
</tr>
<tr>
<td>(Non-contributory) Pension</td>
<td></td>
</tr>
<tr>
<td>Carer’s Allowance</td>
<td>Department of Social Protection</td>
</tr>
<tr>
<td>Disability Allowance</td>
<td>Social Welfare Services</td>
</tr>
<tr>
<td>Incapacity Supplement</td>
<td>College Road</td>
</tr>
<tr>
<td>Invalidity Pension</td>
<td>Sligo</td>
</tr>
<tr>
<td></td>
<td>F91 V83R</td>
</tr>
</tbody>
</table>
Intreo or Social Welfare Office code number:

Application for:
- Second level option
- Third level option
- Post Grad approved
- Education, Training & Development

Please state payment type:
- JA
- JB
- Credits
- Other

BTEA new claim?
- 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 Employment Personal Advisor or Jobcoach

Please state periods of unemployment and cumulative total:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>CT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please give details of periods spent on SOLAS, ETB’s, Community Employment (CE), VTOS, BTEA, BTWEA, Tús, Direct Provision Allowance or Daily Expenses Allowance, Rural Social Scheme (RSS), Springboard, time spent in custody or prison in this State, Covid-19 Pandemic Unemployment Payment, PTJI, SWA, WPEP, YESS or Youthreach.

Type:

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total CT days for BTEA:

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>CT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Eligible for BTEA:
- Yes
- No

Referral to Employment Personal Advisor or Jobcoach:
- Yes
- No

Date: 20

Signature of determining officer, not capital letters.
BTEA recommended:  □ Yes  □ No

If **yes**, please outline recommendation reasons:

If **no**, please give reasons:

Other relevant information:

---

Signature of Employment Personal Adviser or Jobcoach, **not** capital letters.

Date:  □ □  □  □  \[20\] □ □ □

---

Official Stamp

To be completed by a deciding officer

BTEA awarded  □  BTEA refused  □

Decision issued:  □ Yes  □ No

Start date:  □ □  □ □ □ □ □  □  \[20\]

ISTS code update:  □ Yes  □ No

TLA updated:  □ Yes  □ No

Signature of deciding officer, **not** capital letters.

Date:  □ □  □ □ □ □ □ □  \[20\]

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