Application form for **Back to Education Programme**

Back to Education Allowance. Education, Training and Development option. Social Welfare Services BTE 1 Data Classification R



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 and 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**.

For more information on Back to Education Allowance visit www.gov.ie/BTEA.

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

Part 1	Y	οι	Jr	de	tai	ls														
1. PPS Number:	1	2	3	4	5	6	7	Т												
2. Title, insert an X or specify:	Mr			Mrs	X		Ms				С	Othe	er							
3. Surname:	Μ	U	R	Ρ	Н	Y														
4. First names:	М	Α	U	R	Е	Е	Ν													
5. Full name as on your birth certificate:	М	A	R	Y																
	Μ	С	D	Е	R	Μ	0	Т	Т											
6. Date of birth:	2	8		0	2		1	9	7	0										
	D	D		Μ	Μ		Y	Y	Υ	Υ										
7. Address:	1		Ν	Е	W		S	Т	R	Е	Е	Т								
	0	L	D		Т	0	W	Ν												
	D	0	Ν	Е	G	А	L		Т	0	W	Ν								
County	D	0	Ν	Е	G	А	L				Eirc	od	е	F	9	4	Т	С	0	3
8. Mobile number:	0	8	8	1	2	3	4	5	6	7										
9. Email address:	Μ	Μ	Α	U	R	Е	Ε	Ν	@	W	Е	L	F	Α	R	Ε		I	Е	

SAMPLE

Application form for **Back to Education Programme**

Back to Education Allowance.

Education, Training and Development option.



Your details
Mr Mrs Ms Other
Eircode

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:					2	0		
	D	D	Μ	Μ	Υ	Υ	Υ	Υ

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.

Part 1 continued

Your details

- **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:

	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

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** or call (01) 905 8100.

Part 1 continued

Your details

12. What work experience do you have? Please give details of previous employments, if any:

Employer's name:															
Employer's address:															
County							Eiro	od	е						
Job title:															
Dates you worked there:				F	-ror	m:									
				-	Го:										
	 	 					D	D		Μ	Μ	Y	Y	Y	Y
Employer's name:															
Employer's address:															
County							Eiro	cod	е						
Job title:															
Dates you worked there:				F	Fror	n:									
Dates you worked there.				٦	Го:										
							D	D		Μ	Μ	Y	Y	Y	Y
Employer's name:															
Employer's address:															
County							Eiro	cod	е						
Job title:															
Datas you worked there:				F	=roi	m:									
Dates you worked there:				-	Го:										
							D	D		М	М	Y	Y	Y	Y

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										

Part 3

Note: If you are entitled to a Back to Education Allowance (BTEA), you will be asked to provide confirmation from your school or college recording the start and finish date of the course in the current academic year. You will only get the BTEA when you have given this information.

13. Name of school or college:																				
14. Address of school or college:																				
County											Eir	cod	е							
15. What level is the course?		Sec	onc	d lev	vel		Thii foui or a		tion			hiro Inde			ate			prov stgr		
Please attach a copy of your co the course.	ours	e o	ffer	, CA	40	app	lica	tion	ora	a co	эру	of t	he v	web	o pa	ge a	advo	ertis	ing	
16. Is the course:		Full	l-tin	ne			Par	t-tir	ne											
17. Please state:																				
Title of course:																				
Level of qualification:																				
Award type:		Full					Maj	or				Min	or			S	pec	ial p	ourp	ose
Awarding body, for example, Q Education Council (BTEC) or c	uali olle	ty a ge:	Ind	Qua	alifi	cati	ons	Irel	and	l (Q	QI)	, Βι	Isin	ess	and	d Te	chr	olor	gy	
How long is the course:		yea	ars								·							· · · · · ·		
What year are you in?		Fire	st				Se	con	d			Th	ird] F	our	th	
	_							I	Froi	m:										
Beginning and end dates of	f the	e co	ours	e:				-	To:]							
											D	D	J	Μ	Μ		Y	Y	Y	Υ
18. Have you previously attend	ed t	this	col	urse	?] Y	es				No
lf yes , please give details:																				
19. Have you previously attend qualification?	ed a	a co	ours	se w	/hic	h av	waro	ded	the	sa	me] Y	es				No

If **yes**, please provide a copy of the qualification that you obtained.

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?		Ye	es			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 parti social protection payment?	ner's	s or	coh	abitan	ıt's	
	Signing for credits or forwarding medical purposes?	cert	ifica	ites	for cre	ədit	
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?		Ye	es			No
	If yes , do you wish to continue to receive this increase?		Ye	es			No
28.	Are you in receipt of an increase for your dependant children?		Ye	es			No
	If yes , do you wish to continue to receive this increase?		Ye	es			No

Part 5	Additional inform	mation
29. Have you participated or spent time in any of the following:	 SOLAS or FET course BTEA 	Community Employment (CE) or Rural Social SchemeVTOS
	Allowance or Daily Ex or custody in this Sta Payment, Part Time	, ETB, Springboard, Direct Provision Expenses Allowance, time spent in prison ate, Covid-19 Pandemic Unemployment Job Incentive Scheme, Supplementary WPEP, YESS or Youthreach
Beginning and end dates o	f the scheme or course:	From: To: D M Y Y Y
30. Are you getting any of the t	following secondary bene	efits?
	Fuel Allowance.	
	Rent Supplement.	
31. Have you recently been aw	varded Statutory Redunda	ancy in Ireland? Yes No
Note: If you have taken vo	luntary redundancy you m	may not have immediate access to BTEA.
32. Are you in receipt of any ot SUSI?	her State assistance, for	example HAP or Yes No
33. Have you applied for the S	tudent Support Grant?	Yes No
34. Please give details in the s your application.	pace below of any additio	onal information you may wish to give about

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.

Payment type	Where to send your application
Farm Assist	Your local Intreo Centre or Social Welfare
Jobseeker's Payment	Office.
One-Parent Family Payment	You can find the name and address by visiting www.gov.ie/intreocentres .
Illness Benefit	BTEA Section
	Illness Benefit Section
	Department of Social Protection
	Áras Mhic Dhiarmada
	Store Street
	Dublin
	D01 WY03
Blind Pension	Department of Social Protection
Deserted Wife's Benefit	Social Welfare Services
Deserted Wife's Allowance	College Road
Prisoner's Wife's Allowance	Sligo
Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension	F91 V83R
Widow's, Widower's or Surviving Civil Partner's (Non-contributory) Pension	
Carer's Allowance	Department of Social Protection
Disability Allowance	Social Welfare Services
Incapacity Supplement	Ballinalee Road
Invalidity Pension	Longford
	N39 E4EO

For official use only. To be completed by receiving office.

Intreo or Social Welfare Office code number:				
Application for:	Second lev	el option	Third level o	ption
	Post Grad	approved	Education, T	raining & 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		o Employment visor or Jobcoach
Please state periods of unemployment and	From:	To:		CT:

From:	То:	CT:
From:	То:	CT:
From:	То:	CT:

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.

		From:		To:		CT:	
Туре:		From:		To:		CT:	
		From:		To:		CT:	
Total CT c	lays for BTEA:						
Eligible for BTEA:		Yes	No				
Referral to Employment Personal Advisor or Jobcoach:		Yes	No				
				Date:	D D	M M	20 YYYYY

Signature of determining officer, not capital letters.

cumulative total.

For official use only. To be completed b	y a Employment Personal Adviser or Jobcoach
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BTEA recommended: Yes No				
If yes , please outline recommendation reasons:				
If no , please give reasons:				
Other relevant information:				
	Official Stamp			
Signature of Employment Personal Adviser or Jobcoach, not capital letter	s.			
Date: 2 0				
DD MM YYYY				
To be completed by a deciding officer				

ieleu by a deciding

	BTEA awarded BTEA refused
Decision issued:	Yes No
Start date:	D M M Y Y Y
ISTS code update:	Yes No
TLA updated:	Yes No
	Date: 2 0
Signature of deciding officer, not cap	D D M M Y Y Y

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Explanations and terms used in this form are intended as a guide only and are not a legal interpretation. 03K 07-23 Edition: July 2023