



Ireland's European Structural and Investment Funds Programmes 2014-2020

Co-funded by the Irish Government and the European Union



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## Further Education and Training

CO-FUNDED BY THE IRISH GOVERNMENT, THE EUROPEAN SOCIAL FUND AND THE YOUTH EMPLOYMENT INITIATIVE AS PART OF THE ESF PROGRAMME FOR EMPLOYABILITY, INCLUSION AND LEARNING PEIL 2014-2020

This expression of interest form is designed to collect the information required by the School/Centre, providers and funders (funders being, SOLAS and the Department of Education and Skills) (each a "controller") to put forward your expression of interest and facilitate follow-up correspondence from a controller with you. The details of this form will be used as a basis for the formal application process to be a course participant and related matters (e.g. course funding support). It facilitates the submission of more detailed applicant details to SOLAS (the Further Education and Training Authority).

While a School/Centre or other provider may support the applicant in completing the form, the applicant should confirm the accuracy of the details and should read the data protection statement below.

## Expression of Interest Form

School/Centre

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Course Title

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### Section 1: Personal Details

Name:

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Gender: Male

Date Of Birth:

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PPSN:

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Female

Address and Postcode:

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Eircode

Term Address and Postcode (IF DIFFERENT THAN PERMANENT ADDRESS):

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Eircode

Phone/Mobile:

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Email:

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### Applicant Declaration

I confirm that the information given on this form is accurate and agree to receive follow up communications in relation to this course.

### Applicant Data Protection Statement

By submitting this expression of interest form, I acknowledge that each controller may process my personal data (e.g. name, address, PPSN, contact details) for the purposes of assessing my interest in attending an FET course and also to take steps to enrol in a FET course. I acknowledge that it may also be necessary to process my personal data for the performance or administration of a function of SOLAS or other controller under applicable law.

I acknowledge that each controller may share my personal data within its organisations, with third parties in the FET sector and with third parties monitoring and reporting on European Union funded operation. I also understand that my personal data will be stored on the Programme Learning Support System ("PLSS") which is an ICT system for FET providers to manage and administer the programmes and courses which they offer.

I acknowledge that each Controller will keep my Personal Data for as long as is necessary in connection with my application to attend/enrol on a FET course and in accordance with each Controller's retention policy. Each Controller will keep historical data that is no longer required for these purposes for a set time before disposal according to its data retention policy.

I understand that I may address any questions, comments and requests (e.g. access, erasure, restriction, rectification and portability) regarding a controller's processing practices regarding my personal data to [dataprotection@tipperaryetb.ie](mailto:dataprotection@tipperaryetb.ie)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Information <sup>1</sup>**

Reason(s) for wishing to attend the course: \_\_\_\_\_

**Previous school(s)/centres attended:**

<p><b>School Name:</b> _____</p> <p><b>Address:</b> _____ _____</p> <p><b>Dates: From (mm/yyyy)</b>      <b>To (mm/yyyy):</b>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>              <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>School Name:</b> _____</p> <p><b>Address:</b> _____ _____</p> <p><b>Dates: From (mm/yyyy)</b>      <b>To (mm/yyyy):</b>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>              <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
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Highest educational examination and year attained (eg Junior/Leaving Certificate, QQI Level 3):

Examination: \_\_\_\_\_ Year: \_\_\_\_\_

**Work history including work experience:**

<p><b>Employer Name:</b> _____</p> <p><b>Address:</b> _____ _____</p> <p><b>Dates: From (mm/yyyy)</b>      <b>To (mm/yyyy)</b>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>              <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><b>Employer Name:</b> _____</p> <p><b>Address:</b> _____ _____</p> <p><b>Dates: From (mm/yyyy)</b>      <b>To (mm/yyyy)</b>  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>              <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
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I certify the above information is correct.

Applicant: \_\_\_\_\_  
*Signature*

Parent/Guardian (if applicant is under 18): \_\_\_\_\_  
*Signature*

Co-ordinator: \_\_\_\_\_  
*Signature*

Official centre stamp  
and date received

<sup>1</sup> Required to ascertain suitability for course



**PART B: To be completed by Department of Employment Affairs & Social Protection (DEASP)  
 (if over 18 years or in receipt of a payment from the DEASP)**

**To establish if an applicant is eligible for a Training Allowance please complete the following:**

1. Is the applicant or their spouse /partner in receipt of a Department of Employment Affairs & Social Protection Payment?

Yes  No  Pending  If Pending, state Scheme Type: \_\_\_\_\_

2. If 'YES' to Question 1, please tick the relevant payment/category listed below:

A. Jobseeker's Allowance	<input type="checkbox"/>	I. Illness Benefit	<input type="checkbox"/>
B. Jobseeker's Transitional Payment	<input type="checkbox"/>	J. Invalidation Pension	<input type="checkbox"/>
C. Jobseeker's Benefit	<input type="checkbox"/>	K. Credits Only	<input type="checkbox"/>
D. One-Parent Family Payment (OFP)	<input type="checkbox"/>	L. Farm Assist	<input type="checkbox"/>
E. Supplementary Welfare Allowance (BSA)	<input type="checkbox"/>	M. Fish Assist	<input type="checkbox"/>
F. Occupational Injuries Benefit	<input type="checkbox"/>	N. Deserted Wife's Benefit	<input type="checkbox"/>
G. Dependant on Spouse/Partner's Claim	<input type="checkbox"/>	O. Widow/er's or Surviving Civil Partner's Pension	<input type="checkbox"/>
Spouse/Partner's name: _____			
Is the Spouse/Partner over 21 years of age?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
H. Disability Allowance	<input type="checkbox"/>	P. Blind Pension	<input type="checkbox"/>

**The applicant's weekly rate of payment may change during the course for the following reason(s):**

- OFP/JST to end due to age of youngest child  **OFP16 form to issue by DEASP**

3. Weekly Rate (Where the applicant has no entitlement under any heading, please enter NIL) \_\_\_\_\_

Weekly Rate - where the applicant has an entitlement under Job Seeker's Allowance or Benefit please complete the following:

<b>Breakdown of Payments:</b>	<b>Amount £</b>	<b>Other Payments</b>	<b>Amount £</b>
DEASP Status eg. JA/JB	_____	<b>Fuel</b>	
Personal Rate	_____	Qualifies for Fuel Allowance: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Qualifying Adult	_____	Weekly Option <input type="checkbox"/>	Lump Sum Option <input type="checkbox"/>
Full Qualifying Child	_____	1 <sup>st</sup> Lump Sum Paid: Yes <input type="checkbox"/> Date _____	No <input type="checkbox"/>
Half Qualifying Child	_____	2 <sup>nd</sup> Lump Sum Paid: Yes <input type="checkbox"/> Date _____	No <input type="checkbox"/>
Less Weekly Means	_____	Qualifies for Christmas Bonus: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Total</b>	_____	Other (please specify): _____	<b>Amount €:</b> _____

No. of qualifying child dependants

Please list Date of Birth for any Qualifying Child Dependants: dd/mm/yyyy

Child 1:	/ /	Child 5:	/ /
Child 2:	/ /	Child 6:	/ /
Child 3:	/ /	Child 7:	/ /
Child 4:	/ /	Child 8:	/ /

Department Employment Affairs & Social Protection Stamp

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Contact Telephone No: \_\_\_\_\_

Date: \_\_\_\_\_

Officer, DEASP Email: \_\_\_\_\_