

# VTOS APPLICATION FORM



**etb**  
Bord Oideachais agus  
Oiliúna Dhún na nGall  
Donegal Education and  
Training Board



Oideachais Aosaigh  
**Adult Education**

## PERSONAL DETAILS

### In BLOCK CAPS

Title \_\_\_\_\_ Mr/Mrs/Ms (delete as appropriate)  
First Name \_\_\_\_\_ Surname \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Gender \_\_\_\_\_  
\_\_\_\_\_ Telephone \_\_\_\_\_  
PPS Number \_\_\_\_\_ Local Social Welfare Office \_\_\_\_\_

## ELIGIBILITY FOR COURSE

Are you receiving?	(Please ✓/Tick)	How long have you been signing?
▪ Job Seekers Allowance	<input type="checkbox"/>	<input type="text"/>
▪ Job Seekers Benefit	<input type="checkbox"/>	<input type="text"/>
▪ Disability Allowance	<input type="checkbox"/>	<input type="text"/>
▪ Illness Benefit	<input type="checkbox"/>	<input type="text"/>
▪ One Parent Family Allowance	<input type="checkbox"/>	<input type="text"/>
▪ Signing for Credits	<input type="checkbox"/>	<input type="text"/>
▪ Dependent Spouse	<input type="checkbox"/>	<input type="text"/>
▪ Blind Person's Pension	<input type="checkbox"/>	<input type="text"/>
▪ Deserted Wife's Allowance	<input type="checkbox"/>	<input type="text"/>
▪ Deserted Wife's Benefit	<input type="checkbox"/>	<input type="text"/>
▪ Widow/Widower's Contributory Pension	<input type="checkbox"/>	<input type="text"/>
▪ Widow/Widower's Non Contributory Pension	<input type="checkbox"/>	<input type="text"/>
▪ Prisoner's Wife's Allowance	<input type="checkbox"/>	<input type="text"/>
▪ Invalidity Pension	<input type="checkbox"/>	<input type="text"/>
▪ Farm Assist	<input type="checkbox"/>	<input type="text"/>

## FOREIGN-NATIONAL DETAILS

**Please complete this section below:**

(Please ✓ Tick)

EU National. ☐

Spouse of EU National. ☐

Person with Refugee Status in Ireland. ☐

Person Granted leave to remain in the State on humanitarian grounds. ☐

Person with permission to remain in the State as Parent of child born in Ireland. ☐

Asylum applicant covered by the terms of a Government decision of 26 July 1999. ☐

Date of entry into Ireland: \_\_\_\_\_

Have you received notification of your right to work from the Department of Justice, Equality and Law Reform?

**Please ✓ Tick**

Yes ☐ No ☐

**If “Yes”, please attach a copy of this notification with the application.**

## EDUCATION HISTORY

**Please indicate your highest level of education and training:**

Level	✓ Tick
Primary Level	
Post-Primary Junior Cycle without Certificate	
QQI Level 3 (FETAC Level 3 Certificate)	
Group Certificate	
Inter Certificate	
Junior Certificate	
Senior Cycle without certificate	
Leaving Certificate	
QQI Level 4 (FETAC Level 4 Certificate)	
QQI Level 5 (FETAC Level 5 Certificate)	
Trade Certificate	
Degree	
Other (please specify below)	

## COURSE DETAILS

Please **tick** ✓ what course you wish to apply for:

City and Guilds IT Diploma in for IT Users (ICT for Employment and Further Education) ☐

QQI Early Childhood Care and Education Level 5 ☐

Leaving Certificate ☐

## CHILDCARE SUPPORT

Do you require childcare support? YES ☐ NO ☐

If YES, for how many pre-school children? \_\_\_\_\_

Please completed the table below with what your child/children ages are on the 01 September 2016

AGE BAND	0-1	1-2	2-3	3-6
Number of Children				
Child DOB				
Child DOB				

Please state reasons for applying:- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please State any Medical Conditions/Medication:- \_\_\_\_\_

\_\_\_\_\_

Please indicate below if you have any special or additional learning needs:- \_\_\_\_\_

\_\_\_\_\_

Name and contact details of a Referee:- \_\_\_\_\_

\_\_\_\_\_

Doctors Name and contact details: \_\_\_\_\_

\_\_\_\_\_

I declare that the particulars given above are true and accurate in every respect.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Return To: Áine Mc Laughlin, VTOS Co-ordinator, Adult Education & Training Centre,  
Ard O' Donnell, Letterkenny, Co Donegal**