



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



# Adult Education and Training Centre, Ballyshannon

## VOCATIONAL TRAINING OPPORTUNITIES SCHEME (VTOS)

### STUDENT APPLICATION FORM

Please fill in **BLOCK CAPITALS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Number: \_\_\_\_\_

PPS (RSI) No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please tick ✓ which type of payment applies to you, and how long you have been on this/each payment:

PAYMENT		DURATION (IN MONTHS)		
Type	Tick	From	To	No of Months
Jobseekers Allowance				
Jobseekers Benefit				
Illness Benefit				
Disablement Benefit				
Invalidity Pension				
One Parent Family				
Credits				
Dependent Spouse:				
Spouses Name:	Spouses PPS No:			
Other (please specify)				

Please tick ✓ the **HIGHEST LEVEL** of education attained (tick ONE option only):

<b>COURSE</b>	<b>TICK</b>
Primary School	
Group Cert	
Junior/Intermediate Cert	
CSE	
GCSE	
Leaving Cert	
A Level	
ECDL	
QQI Level 3	
QQI Level 4	
QQI Level 5	
QQI Level 6	
QQI Level 7	
QQI Level 8	
Certificate	
Diploma	
Degree	
Other (please specify)	

Please list any other courses (FAS, SOLAS, TEAGASC, BTEI, etc) or classes (day, evening etc) which you have attended or completed:

<b>COURSE/CLASS</b>	<b>YEAR</b>

**Reason for applying:**

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In order to make your course more successful and enjoyable we would seek to provide whatever additional support you may require. We would therefore need to know if you have any of the following, please ✓ tick:

Hearing Difficulties ☐ Visual Difficulties (other than the normal wear of glasses) ☐  
Depression ☐ Are you currently on any medication ☐  
Physical Difficulties\* ☐

\* If so please give **brief** details:

Do you require childcare for pre-school children, please ✓ tick:

\*Yes ☐ No ☐

\*If YES, how many children \_\_\_\_\_

Please ✓ tick in which age band your child/children are, on the 1<sup>st</sup> September this year

0 – 1	1 – 3	3 – 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*I declare that the above information is true and accurate:*

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

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

**PLEASE RETURN THIS APPLICATION TO:**

Anita O'Rourke, Adult Education and Training Centre, College Street, Ballyshannon, Co Donegal.

The Centre Phone Number is **071 9851276**. Ring the Centre Administrator between 9.30am and 1.00pm, Monday to Friday. Ring the VTOS Teacher, Anita O'Rourke is available between 1.00pm and 3pm, Monday to Thursday. Ring after hours and leave a message on the answering machine.

OFFICE USE ONLY	
Decision - Approved / Refused	
Reason for Refusal	
Date Applicant Notified	
Date Social Welfare Office Notified	

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

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