

VOCATIONAL TRAINING OPPORTUNITIES SCHEME

APPLICATION FORM 2011/12

Please complete this form in BLOCK CAPITAL LETTERS and Return it to:
 The VTOS Coordinator, Cork College of Commerce, Morrison's Island, Cork.
 Closing date for receipt of Applications Wednesday, 7th September 2011



Please complete page 1 only

Note: Incomplete applications will not be considered

Part 1 – PERSONAL INFORMATION

Name: _____ PPS No.

--	--	--	--	--	--	--	--	--	--

Address: _____ Home Phone _____

_____ Mobile Phone _____

_____ Email: _____

_____ Date of Birth: _____

Part 2 – COURSE INFORMATION

Course which you are applying for: _____

Course Duration – Please tick relevant boxes:

1 Year Course 2 Year Course

• Have you been on VTOS before? Yes No If Yes, which academic year? _____

Part 3 – EDUCATIONAL DETAILS

(a) At what age did you leave school? _____ What year? _____

(b) What was the **highest educational examination** you achieved? Please give year:

Group Cert _____ Junior Cert _____ Leaving Cert _____

Other _____ Year _____

(For EU / Non-EU please specify whether Upper or Lower Secondary School equivalent)

(c) Do you already have a Post Leaving Certificate / FETAC qualification / Trade Certificate? Yes No

If Yes, please specify and give year

_____ Year _____

(d) Do you already have a third level qualification/degree? Yes No

Degree _____

Diploma _____ College Name _____

• **Priority will be given to individual educational needs (no certification) and to the Long Term Unemployed**

Signed: _____ Date _____

The VEC wish to acknowledge the help and assistance received from the Departments of Education & Science, Enterprise & Employment, Social & Family Affairs and the EU Social Fund in administrating the VTOS program.



Part 4 – SOCIAL WELFARE INFORMATION

The college will send this form to the Social Welfare Office for completion

This candidate is applying for the VTOS Scheme. No place has yet been offered.

We will inform your office if / when an offer is made to this applicant.

Please confirm that the applicant is over 21 years of age Yes No

Which type of benefit applies to this applicant or spouse of applicant? :

Please give *commencement date*

Applicants Local Signing Office _____

Jobseekers Benefit since ____/____/____ Disability Benefit since ____/____/____

Jobseekers Assistance since ____/____/____ Disability Allowance since ____/____/____

One-Parent Family since ____/____/____ Adult Dependent Since ____/____/____

Has the applicant / spouse 312 qualifying days for training allowance? Yes No

Is the applicant / spouse entitled to:

(c) Smog Allowance Yes No (b) Fuel Allowance Yes No

Breakdown of Payments / Entitlements (only complete for Jobseekers Assistance / Benefit)

Personal Rate €_____

Qualifying Adult €_____

Full Qualifying Child €_____

Half Qualifying Child €_____

Credits Only €_____

Fuel Allowance €_____

Smog Allowance €_____

Total Weekly Payment € _____

Signed: _____
(Local Officer)

Date: _____

Contact Tel. No. _____

Official Stamp

Email Address: _____