

# VOCATIONAL TRAINING OPPORTUNITIES SCHEME

## APPLICATION FORM 2017/18

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 Monday, 4th September 2017.**

Attach  
Passport Size  
Photo Here

Note: Incomplete applications will not be considered

### Part 1 – PERSONAL INFORMATION

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

PPS No.

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

Home Phone

\_\_\_\_\_

Mobile Phone

\_\_\_\_\_

Email:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Social Welfare Signing Office: \_\_\_\_\_

### 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, what year? \_\_\_\_\_

Do you require childcare? Yes ☐ No ☐

### 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:

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 \_\_\_\_\_

Cork ETB 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 administering the VTOS program.



## Part 4 – SOCIAL WELFARE INFORMATION

**To be filled in by Local Social Welfare Office**

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 ☐

**Applicant's Social Welfare Claim Details**

*Please include date of applicants FIRST claim & dates of any claim thereafter.*

Applicants Local Signing Office \_\_\_\_\_

Jobseekers Benefit from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Jobseekers Assistance from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Disability Benefit \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Disability Allowance \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

One-Parent Family \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Adult Dependent \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness Benefit \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

As of \_\_\_\_/\_\_\_\_/\_\_\_\_ cumulative number of days unemployed \_\_\_\_\_

Is the applicant / spouse entitled to:

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 \_\_\_\_\_

Is the applicant in receipt of any other Social Welfare benefit? Yes ☐ No ☐

If yes, please specify \_\_\_\_\_

Signed: \_\_\_\_\_  
(Local Officer)

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

Contact Tel. No. \_\_\_\_\_

Official Stamp

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