



VTOS APPLICATION FORM



PLEASE complete this form in **BLOCK CAPITALS**

(You may use an additional sheet for further information if you feel this is necessary)

Section 1: Personal Details

Name: _____ Date of Birth: _____
(BLOCK CAPITALS)

Address: _____ PPSN No: _____
_____ Telephone: _____

Nationality: _____ Email: _____

Section 2: Reasons for applying to the VTOS programme

Please give as much information as possible	
What would you hope to gain by participating on a VTOS programme?	
What would you like to do after the VTOS programme?	

Section 3: Education and Training

Education Details	TICK ✓	YEAR
Primary education only		
Post Primary Junior Cycle without certificate		
Junior Certificate or equivalent		
Leaving Certificate/Leaving Certificate Applied		
QQI/FETAC (Single Subjects)		
QQI/FETAC Major Award 3, 4, 5 or 6. Please state: _____		
Certificate/Diploma/Degree (Level 6, 7 or 8) Please state: _____		
Other (please specify e.g.: Safe Pass, ECDL, ITEC, City and Guilds) Please state: _____		
<i>International Students: If your education wasn't in Ireland, please indicate the equivalent above.</i>		

Computer Level: which best describes your computer skills? Please Tick. ✓		
Beginner	Intermediate	Advanced

Further Education and Training - (FET)

Have you attended or completed a course on another programme within the LCETB Adult Education Service or with any other training/education provider e.g. Solas/FÁS, etc.		
Course taken	Year	Award
BTEI		
Literacy		
Youthreach		
PLC		
Training or Youth Centre		

Other (Please specify) Transcripts/certificates may be required on acceptance to the VTOS programme

Section 4: Course Preference

Which area of study interests you most?

NOTE: you may change your mind at a later stage when you find out more about the courses. This is just to give us an indication of the numbers who may be interested in each course. Ensure that you tick only **one** centre, the centre to which you are applying.

ENNIS VTOS	Level	Tick ✓	EAST CLARE (SCARRIFF) VTOS	Level	Tick ✓	WEST CLARE (KILRUSH) VTOS	QQI Level	Tick ✓
General Learning 4M2010	4		General Studies 5M3114	5		eBusiness 5M0828	5	
Business Administration 5M2468	5		Business Studies 5M2102	5		Business Administration 5M2468	5	
Business with Tourism 5M5011	5		Art, Craft & Design 5M1984	5		Early Childhood Care & Education 5M2009	5	
Community Care 5M2786	5					Food Production & Beekeeping 5M3114	5	
Graphic Design 5M1995	5					Community care 5M2786	5	

Section 5: International Students

INTERNATIONAL STUDENTS

If you received your education outside of Ireland please complete:

In what country (ies) did you receive former education?		
Is English your first language?	Yes	No

An English Language test may be required by all international students as part of the Application process. A minimum level of English is required.

Section 6: Employment History

From	To	Name & Address of Employer	Job Title	Duties and Responsibilities

Section 7: Childcare

The Office of the Minister for Children and Youth Affairs (OMCYA) offers support for childcare for VTOS students. Subvention (Subsidy) is given for each full-time, part time and half-time childcare place per week, for 43 weeks per annum.

- Please see "Your Questions Answered" for details.
- Once offered a place on VTOS you will be given an up to date CETS providers list. (Childcare, Employment, and Training Support Scheme).
- Please state if you have childcare requirements: Yes No

Acknowledgement

By applying for and/or attending a FET programme, I acknowledge that you may process my personal data (e.g. name, address, contact details, education) including sensitive personal data (where I opt to provide this information e.g. racial or ethnic origin) that you collect about me in connection with my application for and/or attendance on a FET programme and for purposes associated with coordinating, evaluating, funding and organising FET programmes and complying with European Union requirements for monitoring and reporting on its funding operations. I acknowledge that you may share my personal data (including my sensitive personal data where I opt to provide it) within your organisation and also with third parties in the FET sector as well as third parties monitoring and reporting on European Union co-funded operations.

Section 8: DECLARATION

I declare that I will be available to attend from Monday to Friday between 9am and 4.00pm.

I confirm that the information supplied by me is correct and that I have completed this form without assistance.

Signature _____ Date _____

Please return form to the applicable centre:

Ennis VTOS, Further Education and Training Centre, Clonroad Campus, Ennis, Co. Clare – Tel. 065 6897649

East Clare VTOS, Adult Education Centre, Scarriff Campus, Co. Clare – Tel. 061 921863

West Clare VTOS, Adult Education Centre, Kilrush Campus, Co. Clare – Tel. 065 9052799

CLOSING DATE FOR RECEIPT OF APPLICATIONS: _____

Short listing may apply. Priority is given to Long Term Unemployed and those on a lower level of education. Applications received after the closing date will be put on a waiting list.

Section 9: To be completed by local Department of Social Protection (DSP) office Eligibility for the VTOS Programme

DSP eligibility for VTOS does not mean that you will be guaranteed a place on the VTOS programme. Other criteria apply. If you are offered a place on VTOS your local DSP office will be notified.

Local DSP Office _____ Telephone No. _____

PAYMENT TYPE (e.g. JB, JA, OPF etc.) _____

1. Credits only case – **Not in receipt of an Unemployment Payment** Yes No

2. BTEA participant –
In receipt of BTEA from DSP Yes No

3. **The above named is a Qualified Adult on their spouse/partner's JA/JB claim** Yes No

This spouse/partner is over 21 years of age & has a cumulative total No. of days unemployed in excess of 156 Yes No

4. Cumulative No. days unemployed exceed 156 days Yes No

5. As at ____ / ____ / ____ cumulative No. of days unemployed

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6. Personal Rate Yes No €

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7. Qualified Adult Increase Yes No €

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8. Full Qualified Child Increase Yes No €

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9. Half Qualified Child Increase Yes No €

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No. of Qualified Child Dependants

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10. **Deductions** (earning/non-earning means if applicable) €

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11. **Total Net Weekly Payment on VTOS (excluding fuel/smog)** €

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12. National Fuel Scheme: Yes No €

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13 Christmas Bonus Yes No €

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NB. These rates refer to rates payable on VTOS only.

Signed _____
(Dept. of Social Protection Local Officer)

Date: ____ / ____ / ____

DSP Stamp

VTOS OFFICE USE ONLY:

Last Day of DSP Payment: _____ First Day of VTOS Payment: _____

DSP Referral : _____ Self Referral: _____

Walk In: _____ Travel Allowance: _____