



VOCATIONAL TRAINING OPPORTUNITIES SCHEME (VTOS)

APPLICATION FORM

Closing Date for Applications: 2 Aug 2024

Name:	
PPS NO.	
Home Address:	
Eircode	
Distance (KM) from your home to course location:	
Contact Address:(if different from above)	
Nationality/Status	
Contact Telephone Number:	
Mobile Telephone Number:	
Email Address:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age Range:	<input type="checkbox"/> 21-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-65+
Date of Birth:	<input type="text"/>
Education Status: <i>Indicate your highest level of attainment to date</i>	<input type="checkbox"/> No Qualification <input type="checkbox"/> Primary Education <input type="checkbox"/> Intermediate / Junior Certificate <input type="checkbox"/> Leaving Certificate / LCA <input type="checkbox"/> FETAC Level 4, 5 or 6 (please specify which level below) <hr/> <input type="checkbox"/> Other (please specify below) <hr/>

Employment Status: <i>Tick the category most relevant to your current situation</i>	<input type="checkbox"/> Long Term Unemployed > 12 months <input type="checkbox"/> Unemployed < 12 months <input type="checkbox"/> Other (Please specify) <hr/> <hr/>
Please tick which of the following payments/credits you are in receipt of: Which Welfare Office do you sign on in:	<input type="checkbox"/> In receipt of Jobseekers Allowance/Benefit <input type="checkbox"/> Disability Allowance / Illness Benefit <input type="checkbox"/> One Parent Family Allowance <input type="checkbox"/> Signing for Credits <input type="checkbox"/> Dependent Spouse/Partner <input type="checkbox"/> Other (Please specify) <hr/> <hr/>
Length of time on Allowance selected above:	<input type="checkbox"/> 6 – 11 months <input type="checkbox"/> 12 – 23 months <input type="checkbox"/> 24 – 35 months <input type="checkbox"/> 3 years and over
Dependants: Age of each child is required :	Number of children ____ Child 1 ____ Child 4 ____ Child 2 ____ Child 5 ____ Child 3 ____ Child 6 ____
Course Title and Level:	
Location of your Course: Cavan or Monaghan	
Have you ever received VTOS before in Cavan/Monaghan or any other county? If yes please state where?	Yes <input type="checkbox"/> No <input type="checkbox"/> <hr/>
Additional Information: <i>Please state why support for the course is required?</i>	

By signing below, I am giving explicit consent for Monaghan Institute/Cavan Institute/CMETB to confirm, retain, use and disclose the information I have provided for the purposes detailed above in accordance with Cavan and Monaghan ETB Data Protection Policy. I am also giving permission to CMETB to contact my local DSP office .(Note the CMETB will only contact your Social Welfare Office if you are short listed as a VTOS candidate)

Signature: _____ **Date:** _____

Note: The information provided on this form is confidential and will be retained used and disclosed by Monaghan Institute/Cavan Institute and centrally by Cavan and Monaghan ETB in line with the Data Protection Policy. A copy of the full Data Protection Policy of Cavan and Monaghan ETB is available at www.cmetb.ie or on request from the Chief Executive, Cavan and Monaghan ETB, Admin Centre, Market St, Monaghan

VOCATIONAL TRAINING OPPORTUNITY SCHEME

GUIDELINES & CHECKLIST

Applications are invited from:

- Those receiving Jobseekers payment/signing for credits.
- Those for whom Adult Dependent allowances are payable.
- Those in receipt of Disability Allowance or Illness benefits.
- Those in receipt of a One Parent family payment.
- Those in receipt of Farm Assist.
- Those who received Statutory Redundancy.

To enrol you must be in receipt of one of the above for a minimum of 6 months and be at least 21 years of age.

(Exception to 6 month rule is those in receipt of Statutory Redundancy)

- Meal and Travel Allowance paid.

Full Time Courses only

No specific academic requirements for entry

Places are limited and will be allocated based on Educational need and those Long Term Unemployed. If you are interested please complete the form and return to the relevant VTOS Centre together with the following:

CHECKLIST

- **Acknowledgement of your application to Cavan/Monaghan Institute or letter of acceptance from the college.**
- **If applying to both Cavan & Monaghan Institute please forward a copy of your application to both VTOS sections addresses hereunder.**

Monaghan Institute:

VTOS Section, Monaghan Institute, Knockaconny, Armagh Road, Monaghan, Co Monaghan. All queries please email: denisemckenna@cmetb.ie Telephone 047-84900

Cavan Institute:

VTOS Section, Cavan Institute, Cathedral Rd, Cavan. All queries please email: adriennecunningham@cavaninstitute.ie Telephone 049-4332633

Disclaimer: Cavan and Monaghan ETB are not responsible for forms that have been sent to the wrong centre.

A copy of the top of your bank statement showing your BIC & IBAN only must also be submitted.

PAYMENT OF VTOS ALLOWANCE BY PAYPATH

AUTHORISATION FORM

NAME: _____

ADDRESS: _____

I authorise Cavan and Monaghan Education and Training Board to forward my VTOS allowances directly to my Bank Account listed below via Paypath.

Signed: _____

Phone No: _____

Date: _____

Bank Name: _____

Bank Address: _____

Bank Sort Code: _____

Bank IBAN Code: _____

Bank BIC Code: _____

Bank Account Number: _____

TRAINING ALLOWANCE ENTITLEMENT – FORM F103



PART A: To be completed by the ETB's Further Education & Training Centre/College

NAME: _____

ADDRESS: _____

PPS Number: _____

EIRCODE: _____

Date of First Payment by ETB: _____

Course Title:	_____		
Course Location:	_____	Course Start Date:	_____
ETB Contact:	_____	Course Finish Date:	_____
Email:	_____	PLSS Course Ref No:	_____
Contact Telephone No:	_____	Course Duration:	_____ Weeks

PART B: To be completed by the Department of Social Protection

To establish if an applicant is eligible for a Training Allowance please complete the following:

1. Is the applicant in receipt of Department of Social Protection Payment?

Yes No Pending If **pending**, state **Scheme Type:** _____

2. If **'YES' to Question 1**, please tick the relevant payment/category listed below:

A. Jobseeker's Allowance under 25	<input type="checkbox"/>	K. Illness Benefit / Partial Capacity Benefit See Note 4 overleaf	<input type="checkbox"/>
B. Jobseeker's Allowance 25 and over	<input type="checkbox"/>	L. Invalidity Pension / Partial Capacity See Note 4 overleaf	<input type="checkbox"/>
C. Jobseekers Benefit	<input type="checkbox"/>	M. Pandemic Unemployment Payment (PUP)	<input type="checkbox"/>
D. One-Parent Family Payment (OFP) See Note 2 overleaf	<input type="checkbox"/>	N. Jobseekers Benefit Credits Only	<input type="checkbox"/>
E. Jobseeker's Transitional Payment See Note 1 overleaf	<input type="checkbox"/>	O. Farm Assist	<input type="checkbox"/>
F. Supplementary Welfare Allowance (BASI) under 25	<input type="checkbox"/>	P. Fish Assist	<input type="checkbox"/>
G. Supplementary Welfare Allowance (BASI) 25 and over	<input type="checkbox"/>	Q. Deserted Wife's Benefit	<input type="checkbox"/>
H. Occupational Injuries Benefit	<input type="checkbox"/>	R. Widow/er's or Surviving Civil Partner's Pension	<input type="checkbox"/>
I. Dependant on Spouse/Partner's Claim See Note 3 overleaf	<input type="checkbox"/>	S. Blind Pension	<input type="checkbox"/>
J. Disability Allowance	<input type="checkbox"/>	T. Daily Expenses Allowance (BASI SWA) - Formerly called Direct Provision Allowance See Note 5 overleaf	<input type="checkbox"/>

3. Duration of **continuous** payment? _____ **(Months /Days)**

4. Number of days signing for JA and JB? _____ as of _____ (insert date)

5. Weekly Rate (Where the applicant has no entitlement under any heading, please enter 'NIL')

Weekly Rate	€	*Please list Date of Birth for any Qualified Children: dd/mm/yyyy See Note 7 overleaf	
Personal Amount		Child 1 / /	Child 5 / /
Qualified Adult Amount		Child 2 / /	Child 6 / /
Qualified Child Amount *(No. of children)		Child 3 / /	Child 7 / /
Less Weekly Means		Child 4 / /	Child 8 / /
Total Amount Paid			

Please tick appropriate boxes for the three questions below. See Note 6 Overleaf

Qualifies for Fuel Allowance: YES NO

If Yes: Weekly Option Lump Sum Option 1st Lump Sum Paid _____

2nd Lump Sum Paid _____

Signed: _____

Print Name: _____

Email: _____

Contact Telephone Number: _____



Completing F103 Form - Training Allowance Entitlement

PART A should be fully completed by the ETB's Further Education & Training Centre.

PART B should be completed by the Department of Social Protection.

Notes:

1. Jobseeker's Transitional Payment (JST) is a special arrangement under the Jobseeker's Allowance scheme that aims to support lone parents of young children. This payment is available to applicants who are not cohabiting and whose youngest child is aged between 7 and 13 years inclusive. From 16th November 2016, JST customers will continue to be paid by the Department of Social Protection while attending an ETB course.
2. Applicants who are in receipt of **One-Parent Family Payment will continue to be paid by the Department of Social Protection while attending an ETB course**
3. If your spouse or partner is claiming for you on their Department of Social Protection payment, you must request them to seek a statement from the Department of Social Protection confirming the weekly dependant allowance paid. The dependent spouse or partner must submit their statement at the same time as the F103
4. FET learners must also submit a letter of exemption from the DSP to participate on a course, applicable where reference is made on the form.
5. Applicants who are in receipt of the Daily Expenses Allowance are not in receipt of a DSP payment but in fact are in receipt of income support from the Dept. of Justice and therefore are not eligible for a training allowance. (Note, this is to record the eligibility status of any relevant training allowance and is not a requirement to collect data on daily expenses allowances).
6. An applicant is considered long-term for Jobseeker's Allowance or Supplementary Welfare Allowance purposes when they have been signing for 390 days. All applicants must also satisfy the other qualifying conditions for the Fuel Allowance scheme. An applicant can apply for a weekly payment of Fuel Allowance, or 2 lump sums October to December and January to March. Please refer to the DSP website regarding the increase of €5 to the Fuel Allowance from October 2021
7. The date of birth of child dependants is required to ascertain the correct entitlements, as there is a difference in the rates for children over 12 and under 12 as a result of the Budget 2019 changes.

Additional Note

Max Pay: Where both members of a couple are in receipt of Jobseeker's Allowance in their own right, the family rate is divided between them. Where one member of a couple is claiming Jobseeker's Allowance and the other is in receipt of certain PRSI based payments, their combined payments cannot exceed the amount which would be payable if only one person made a claim. Where the combined payments exceed this maximum amount, the Jobseeker's Allowance payment must be reduced by the amount of the excess (i.e. the Jobseeker's Allowance payment is reduced by the difference between the maximum amount payable and the amount of the other payment).