

ACCESS TU Dublin - City Campus

Application Form For Entry Autumn 2019

Closing date is Friday 12th April 2019 at 5pm

This form is to be completed by the applicant and his/her parent(s) or legal guardian(s).

| FOR OFFICE USE ONLY | ACCESS NO. | DATE RECEIVED |
|---------------------|------------|---------------|
| | | |

The TU Dublin - City Campus Access Service will be happy to assist you in filling out this application form. Please contact us if you have any questions.

If you are over 23 on January 1st 2018 please do not continue with this application. Mature Students have their own admissions route and should contact the TU Dublin - City Campus Admissions Office, www.dit.ie/study/admissionsoffice

To proceed with your application you must tick at least one of the boxes below:

Please tick ✓ as appropriate

| | |
|--|---|
| <input type="checkbox"/> I am attending a TU Dublin - City Campus Partner/Link school | A list of TU Dublin - City Campus Partner/Link schools can be found on www.dit.ie/ace/access/informationforpartnerschools or www.dit.ie/ace/access/informationforlinkschools |
| <input type="checkbox"/> I am in the care of the State/TUSLA (the Child & Family Agency) | |
| <input type="checkbox"/> I am attending/have attended a Further Education/PLC college | |
| <input type="checkbox"/> I am a member of the Traveller community | |
| <input type="checkbox"/> I live in one of the following postcodes – Dublin 1, 2, 7, 8, 10, 11, 12, 13, 15, 17, 20, 22, 24 | |
| <input type="checkbox"/> None of the above statements apply to me and therefore, I am submitting a letter of support with my application stating that one of the Additional Access entry routes to TU Dublin - City Campus is appropriate for me | The TU Dublin - City Campus Access Service must receive a satisfactory letter of support from one of your teachers, your guidance counsellor, school principal, sports coach etc. Please contact the Access Service for further information T: 01 402 7604 or E: access@dit.ie |

Questions about your application to college:

I am applying to TU Dublin - City Campus through the CAO on the basis of my:

Leaving Cert Results - Year _____ QQI Results - Year _____

Please tick ✓ all that apply

Section A: General Information

| SECTION A1 Your Personal Details | | | | | | | | | |
|---|--|---|---|--|--|--|--|--|--|
| Surname (as on CAO Form): | | | | | | | | | |
| First Name/Other Name(s) (as on CAO Form): | | | | | | | | | |
| Did you apply to the HEAR scheme in 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | |
| Date of Birth (dd/mm/yyyy): / / | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | | | | |
| Country of Birth: | Nationality: | | | | | | | | |
| CAO Number : <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> | | 1 | 9 | | | | | | |
| 1 | 9 | | | | | | | | |
| Email Address : | Please note that all communication about this application will be through email. We suggest that you use an address that you check regularly e.g. the email address that you used for your CAO application | | | | | | | | |
| Home Address: | | | | | | | | | |
| House Name | | | | | | | | | |
| Number of House | | | | | | | | | |
| Address Line 1 | | | | | | | | | |
| Address Line 2 | | | | | | | | | |
| Address Line 3 | | | | | | | | | |
| Area or Town/County | Eircode: <input style="width: 100px;" type="text"/> | | | | | | | | |
| Home Phone: (must be filled in) | Mobile Phone: <input style="width: 100px;" type="text"/> | | | | | | | | |

| SECTION A2 Your Secondary School Details | |
|---|---------------------------|
| Secondary School(s) Attended: (please give full name & Address) | Dates Attended: (From/To) |
| | |
| | |
| | |
| | |

| SECTION A3 QQI (formerly FETAC) Level (if applicable) | | | |
|--|-------------------------------|----------------------------|---|
| Further Education/PLC College Attended | Dates of Attendance (From/To) | Course Title & Course Code | Qualifications Attained (e.g. state Level 5 or 6) |
| | | | |
| | | | |
| | | | |

SECTION B3
Parents/Guardians - Socio-Economic Background

| | |
|--|--|
| Parent(s)/Guardian(s) Full Name : | |
| Parent/Guardian 1: | Parent/Guardian 2: |
| Parent(s)/Guardian(s) Current Job Title(s) (or their most recent job title if they are not currently working) : | |
| Parent/Guardian 1: | Parent/Guardian 2: |
| Parent(s)/Guardian(s) please indicate which option best applies to you: ✓ Tick one box only in each column: | |
| Parent/Guardian 1 | Parent/Guardian 2 |
| <input type="checkbox"/> Working for payment or Profit <input type="checkbox"/> Never Worked <input type="checkbox"/> Currently Unemployed <input type="checkbox"/> Looking after home/family <input type="checkbox"/> Retired from employment <input type="checkbox"/> Unable to work due to permanent sickness or disability <input type="checkbox"/> Deceased <input type="checkbox"/> No contact whatsoever | <input type="checkbox"/> Working for payment or Profit <input type="checkbox"/> Never Worked <input type="checkbox"/> Currently Unemployed <input type="checkbox"/> Looking after home/family <input type="checkbox"/> Retired from employment <input type="checkbox"/> Unable to work due to permanent sickness or disability <input type="checkbox"/> Deceased <input type="checkbox"/> No contact whatsoever |
| Parent(s)/Guardian(s) Current or Most Recent Type of Employment: ✓ Tick one box only for each parent/guardian: | |
| Parent/Guardian 1 | Parent/Guardian 2 |
| <input type="checkbox"/> Employee <input type="checkbox"/> Self Employed (including farmer) <input type="checkbox"/> Self Employed (including farmer) with Paid Employees <input type="checkbox"/> Never Worked | <input type="checkbox"/> Employee <input type="checkbox"/> Self Employed (including farmer) <input type="checkbox"/> Self Employed (including farmer) with Paid Employees <input type="checkbox"/> Never Worked |

Useful tips:

The most important thing is getting this application to us by April 12th. If there is part of it you are unsure of you can:

1. Contact us and we can help you complete the form - **T:** 01 402 7604 or **E:** access@dit.ie
2. Submit everything you can and if we need more information we will contact you

SECTION B4

Parent(s)/ Guardian(s) highest level of education completed

| ✓ Please tick one box in each column i.e. the highest level that each parent reached | Parent/Guardian 1 | | Parent/Guardian 2 | |
|---|--------------------------|--|--------------------------|--|
| 1. No formal education | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 2. Primary education | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 3. Secondary education | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 4. Further Education (eg. PLC level 5 or 6 , QQI award (formerly FETAC) | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 5. Third level/Higher Education (e.g. diploma, degree, masters) | <input type="checkbox"/> | | <input type="checkbox"/> | |
| If yes to questions 4 or 5 please state year completed: | | | | |
| If yes, please state the name of the Institute attended for questions 4 or 5: | | | | |

Section C: Your Family Financial Circumstances

| SECTION C1 Higher Education Maintenance Grant | | | |
|---|-----------------------------------|--|---|
| Did you receive a SUSI grant for 2018/19 year of study? | | | |
| Please tick ✓ | | | |
| Yes <input type="checkbox"/> | Please complete section C2 below. | | <i>If yes documents required:</i> Your 2018/19 grant award letter from SUSI stating clearly the award amount. |
| No <input type="checkbox"/> | Please complete section C3 below. | | |

| SECTION C2 Financial Circumstances | | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|--|
| Tick yes to all types of income that apply to each parent/guardian. Tick no to the types that don't. | | | | | |
| Type of Income | Parent 1 | Parent 2 | Guardian 1 | Guardian 2 | <i>If yes, documents required</i> |
| Did your parent/guardian receive any income from Department of Social Protection in 2017? | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Social welfare statement To include: - details of the type of payment - total amount for 2017 |
| | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | |

| SECTION C3 Financial Circumstances | | | | | |
|--|------------------------------|------------------------------|------------------------------|------------------------------|--|
| Tick yes to all types of income that apply to each parent/guardian. Tick no to the types that don't. | | | | | |
| Type of Income | Parent 1 | Parent 2 | Guardian 1 | Guardian 2 | <i>If yes, documents required</i> |
| Was your parent/guardian working in 2017? | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | P21 for 2017 - from Revenue Commissioners |
| | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | |
| Was your parent/guardian self employed in 2017? | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Self-Assessment Letter - Chapter 4 for 2017 from Revenue Commissioners or Tax Exemption Letter |
| | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | |
| Did your parent/guardian receive any income from Department of Social Protection in 2017? | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Request for information form from the department of social protection To include: - details of the type of payment - total amount for 2017 |
| | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | |
| Did your parent/guardian receive a lump sum for being made redundant in 2017? | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | RP 50 form (from previous employer) |
| | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | |
| Did your parent/guardian receive a lump sum for retiring in 2017? | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | Letter from employer And/Or body Administering the Pension To include: - Date employment ceased - Gross amount of lump sum received in year ending 31/12/17 - Number of years in that employment - Gross annual pension |
| | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | No <input type="checkbox"/> | |

Section D: Additional Information

If there is anything else you would like to tell us that you think may support your application, please do so here or attach it on a separate page

Section E: Declaration & Terms & Conditions

Please read Terms and conditions and sign the declaration below

- I give permission to the TU Dublin - City Campus Access & Civic Engagement Office to use the information submitted as part of my HEAR application (should I apply to HEAR) to assist with the assessment of this application.
- I give permission to the TU Dublin - City Campus Access & Civic Engagement Office to communicate directly with my school/referral organisation in relation to supporting me with my application
- I give permission to the TU Dublin City Campus Access & Civic Engagement Office to communicate directly with my school/referral organisation in relation to the outcome of my application to Access TU Dublin - City Campus if it will be of benefit to me.
- I give permission to be contacted by the TU Dublin - City Campus Access & Civic Engagement Office in relation to the Access Foundation Programme, in the event that I don't receive an offer through the CAO. The information I provide in this application may be used to determine whether or not I am eligible should I decide to apply.
- At least one of my CAO choices is/will be a TU Dublin - City Campus course and I am aware that this is essential in order to be eligible for this entry route.
- I certify that the information I have supplied in this application form is correct.
- I understand that failure to complete the application form fully may negatively affect the outcome of my application.
- I understand that any of the information supplied as part of my application is subject to verification. Where I am found to have given a false declaration, I understand that I will be ineligible for this Access Entry Route and corresponding support in TU Dublin - City Campus.
- I agree that my supporting documents may be reviewed by independent advisors and they will be treated confidentially.
- I understand that if I am offered an Access place, I will have to attend the Access and Civic Engagement Office Orientation Programme in TU Dublin - City Campus.
- I understand that some details of my application will be used for research purposes, but none of my personal information will be identifiable.
- I give permission to be contacted by the TU Dublin - City Campus Access & Civic Engagement office in relation to any bursaries, scholarships or other funding that may be available.

I agree to the terms and conditions above & will provide all supporting documents with my application form

Applicant Signature: _____ Date: ____/____/____

Supporting Documentation

ALL APPLICANTS MUST ENCLOSE:

Any relevant supporting documents outlined in the application form. Applications CANNOT be assessed for eligibility unless application form is fully completed and supporting documents are provided.

Please return completed application form along with supporting documentation to:

TU Dublin - City Campus Access & Civic Engagement Office,
Rathdown House, Grangegorman Lower, Dublin 7, D07H6K8.

CLOSING DATE FOR APPLICATION FORM & SUPPORTING DOCUMENTATION:

Friday 12th April 2019 at 5pm

If you have any queries, please contact:

T: 01 402 7604 or E: access@dit.ie

Request for information from the Department of Social Protection

Keep photocopy and proof of postage. Submit all documents with your Access TU Dublin - City Campus application form by 13th April 2019. It is the responsibility of the applicant to ensure both pages of this form are filled in correctly.

Part 1: To be completed by

Access TU Dublin - City Campus/QQI Access TU Dublin - City Campus Applicant

| | | | | | | | | | | |
|-------------------|--|--|---|--|--|---|--|--|--|--|
| APPLICANT'S NAME: | | | | | | | | | | |
| ADDRESS: | | | | | | | | | | |
| CAO NUMBER: | | | | | | | | | | |
| DATE OF BIRTH: | | | / | | | / | | | | |
| PPS NUMBER: | | | | | | | | | | |

Part 2: To be completed by applicant's Parent(s)/Guardian(s)

I authorise the release of information outlined below for the purposes of assessing an TU Dublin - City Campus Access application.

Parent 1/Guardian 1 Signature

Parent 2/Guardian 2 Signature

Part 3: To be completed by DSP Official in Local Social Welfare Office

(Please do not alter the year for which information is required on this form)

| | |
|---|--|
| Parent 1/Guardian 1 Name: | |
| PPS number | |
| Total Social Welfare Income on all social welfare schemes* previously paid to this PPS number in the year 2017? | |
| In receipt of means-tested social assistance payment(s) for at least 26 weeks or 6 months in the year 2017? | |
| Name of payment 1: | |
| Name of payment 2: | |

| | |
|---|--|
| Parent 2/Guardian 2 Name: | |
| PPS number | |
| Total Social Welfare Income on all social welfare schemes* previously paid to this PPS number in the year 2017? | |
| In receipt of means-tested social assistance payment(s) for at least 26 weeks or 6 months in the year 2017? | |
| Name of payment 1: | |
| Name of payment 2: | |

*Excluding child benefit, early childcare supplements and supplements paid under the supplementary welfare allowance schemes.

All forms must be completed, signed and stamped by a DSP official. Forms that are not signed and stamped are invalid.

| | | | | | | | | |
|--|--|--|---|--|--|---|--|--|
| Name of DSP Official (BLOCK CAPITALS): | | | | | | | | |
| Signature of DSP Official: | | | | | | | | |
| Date: | | | / | | | / | | |
| DSP Official Stamp: | | | | | | | | |

TU Dublin - City Campus Access is a college admissions scheme which offers places on reduced points and extra college support to school leavers from socio-economically disadvantaged backgrounds who are resident in the Republic of Ireland.