

DENTAL OR OPHTHALMIC TREATMENT (HEA/EU Funded) 2017/2018

DIT Dental or Ophthalmic Treatment Scheme provides financial support to any fulltime DIT student in severe financial difficulties due to unforeseen circumstances or students who are disadvantaged and require additional financial support in order to continue their third-level studies.

This scheme only covers routine or emergency Dental or Ophthalmic treatment

If you have a medical card or any other cover you do not need to avail of this scheme. However, if there is an 8 week delay in accessing the public service and it is critical you receive immediate assistance, you may submit an application with a certified letter as proof of delay and you may be considered for assistance.

IMPORTANT

When you have completed the form, you should first make an initial appointment with the DIT appointed Dentist: Dr. Paul Redbond (Pearlywhites Dental, Morrison Chambers, 32 Nassau St Dublin 2, Tel – 01 6709256) or your preferred dentist. The same regulations apply to optical treatment. You should produce the form to the Practitioner so that you can obtain, in Section D, a written estimate of the cost of treatment proposed. You should also produce your Student ID Card.

Please submit the completed application form along with the documentation outlined on the bottom of the application form to the address above. Please refer to the checklist on the bottom of the application form when completing your application. Assessment is based on documentation submitted.

All correspondence will be communicated by student email. All questions on the form must be answered fully.

Only complete the bank mandate form if you paid for the dental/ophthalmic treatment yourself along with invoice/proof of payment.

Incomplete application forms and insufficient documentation submitted will be returned which will delay your application being processed.

You should not leave the completed form with or send it to anyone else.

HOW TO APPLY

Students should apply, in confidence, on the standard application form (attached). Complete in full Sections A, B, and C and ensure Section D is completed by your Dentist.

Your application will be assessed and you will be notified by student email. If your application is successful you will also receive a copy of an email/letter which will be forwarded to the Practitioner authorising treatment under the scheme.

Terms and Conditions

*You **MUST NOT** commence treatment until **AFTER** a decision has been made on the application, except in a case certified by the practitioner to be an emergency. **If emergency dental treatment is required the dentist must seek permission from the Financial Aid & Accommodation Services Dept.** You may also pay the dentist for emergency treatment and submit the invoice and required documentation to this department for consideration. The Financial Aid & Accommodation Services will make a decision about whether you are entitled to financial assistance from the Fund, which is means tested.*

The maximum awards payable will be:

- DENTAL:** Subsidy of up to 75% of the cost of *routine and/or emergency* Dental treatment (at standard Department of Social Welfare rates), as certified by the Dentist, up to a maximum of €250 in respect of treatment provided. Routine treatment includes fillings, extractions, scaling and polishing, and **essential** reconstruction work and dentures.
- OPHTHALMIC:** Subsidy of up to 75% of the cost of *routine* Optical treatment, as prescribed by the Ophthalmic Practitioner, up to a maximum payment of €250 in any one case. Routine optical treatment includes sight testing, lenses (including bifocals where required) and frames in accordance with Eastern Health Board regulations and rates.

Payment of any award will be made directly to the Dental or Ophthalmic Practitioner on foot of an invoice for the portion of the total fees for which the DIT Financial Aid & Accommodation Services Manager has agreed to be liable. Payment of the balance must be made directly by the applicant. If you have paid for emergency dental treatment you must submit the invoice and the supporting documentation outlined above. Any recommendation made will expire on completion of the treatment required. Any further treatment must be the subject of a new application by the student.

Information supplied by you will be used ONLY to assist in determining the outcome of your application. It will not be used for any other purpose.

All application records, including supporting documentation will be kept for a 10 year period. Following this period all records will be confidentially destroyed.

Any unnecessary documentation submitted with the application will be confidentially shredded.

It is recommended that you keep a copy of your application for your records.

An applicant whose application has been rejected may appeal to DIT's Student Assistance Fund Monitoring Committee within 4 weeks of notification of an unsuccessful application. Please contact this office at 01 4023394 for further details.

Post your completed application form marked 'Private & Confidential' along with your supporting documentation to Financial Aid & Accommodation Office at 143-149 Rathmines Road Lower, Rathmines, Dublin 6.

The Student Assistance Fund is funded by the Irish Government and part funded by the European Social Fund.



DIT is committed to protecting the rights and privacy of individuals in accordance with the Data Protection Acts and outline to the principles for the classification, handling and administration of the data of DIT in that regard.

<http://www.dit.ie/media/instituteofsecretary/Data%20Protection%20Policy.pdf>

**Dental/Ophthalmic Assistance Fund – (HEA/EU FUNDED)
Academic year 2017/2018 - APPLICATION FORM**

SECTION A - Applicant's details

1. Name	2. Age	3. Date of Birth	4. Gender	5. Student No.
6. Home Address		7. Accommodation Address		
8. DIT Student e-mail address:		9. Mobile Contact No:		
10. DIT College	11. Year of course 1 st 2 nd 3 rd 4 th 5 th	12. Is this your final year – Yes/No		

SECTION B – Grant Details for 2017/18

13. Have you applied for a SUSI grant	Yes/No:	
14. If Yes enter your SUSI application number	Number	
15. Please indicate which rate and type awarded	Non-adjacent rate	Adjacent rate
Type: Special rate	(€5,915)	(€2,375)
Full Maintenance	(€3,025)	(€1,215)
Part maintenance (75%)	(€2,270)	(€910)
Part maintenance (50%)	(€1,515)	(€605)
Part maintenance (25%)	(€755)	(€305)
Student Contribution only		

SECTION C – Application Details 2017/18

16. If you have previously received assistance from this Fund or any other Student Assistance Fund please indicate year/s and amounts:

Year	Fund	Amount Awarded	Full receipts submitted	
			Yes	No
			Yes	No
			Yes	No

17. Have you applied for any other SAF Scheme this year? Yes _____ No _____
If yes please indicate which scheme/s _____

Section D – Details of the application for assistance

18. Cost of treatment as certified by the Dentist/Optician: € _____ Estimate dated: _____

Cost of **Emergency treatment** certified by Dentist € _____ Estimate dated: _____

Brief description of treatment to be provided: _____

Name and Address of Dentist / Optician: _____

19. Signature of Dentist / Optician : _____

20. Official stamp of Dentist / Optician :

21. Are you covered by a medical card or alternative health cover? YES NO

22. Is this your first application for this type of assistance YES NO

23. Have you paid for any treatment. YES NO
If so, please give details and enclose payment receipts

24. Is there any other information or circumstances which you believe should be considered?

I certify that I have read the general terms and conditions and that the information provided on this form is true, complete and accurate in every particular and that assistance from other sources has not been received for the stated purpose/service, which is the subject of the application. I hereby apply for an allocation for allowance towards the cost of routine Dental or Ophthalmic Treatment 2017/18 and agree to the general terms and conditions.

Signature of applicant: _____ Date: _____

Financial Aid and Accommodation Services 2017/18 - Applicants will be disqualified from the scheme if found to have given false information or failure to advise of a change of circumstances which would affect the amount of assistance issued.

CHECK LIST
Dental/Ophthalmic Support Fund 17/18

	<u>A guide to complete your application form and submission of documentation</u>	<u>Please tick</u>
1	Completed your application form	
2	Please refer to SUSI Grant details under 'Documentation to be submitted with your application' outlined below.	
3	Section D of the application form to be completed by the Dentist	
4	Illness/disability – Medical Certificate (if applicable)	
5	Bank Mandate form completed and stamped by your bank only if you have paid for the treatment yourself	

Documentation to be submitted with your application -

SUSI Grant details e.g. refer to whichever category most closely matches your circumstances

- SUSI Grant letter of approval.
- If you are in receipt of BTEA/Social Welfare you must submit proof (bank statement or BTEA/Social Welfare letter) along with SUSI details outlining that fees are being awarded.
- If you are awaiting your SUSI grant to be processed you must submit proof of grant application and up to date parental/guardian's/ partner's income details (two recent payslips) or/and up to date social welfare details/BTEA.
- If you are not entitled to a grant, up to date parental/guardian's/partner's income details (two recent payslips) are required. **Independent mature students are not required to submit parental income details.**
- If parent(s)/guardians are self-employed a letter from an accountant stating that the accounts are the same/similar to the previous year along with the previous year's accounts are accepted.

Proof of payment

- Receipt/s/proof of payment if you have already paid for dental treatment.

DUBLIN INSTITUTE OF TECHNOLOGY
 PAYMENT MANDATE FORM – 2017/18
 DIT Financial Aid & Accommodation Services

Please ensure that your bank details are correct – DIT cannot accept responsibility for incorrect details Submitted by an applicant.

NAME _____	ADDRESS _____

Student No: _____	Mobile Phone No. _____
Have you submitted this bank account details previously?	YES _____ NO _____

BANK NAME _____	BANK ADDRESS _____

ACCOUNT HOLDER NAME _____	

BANK ACCOUNT NUMBER (8 DIGITS)	BRANCH SORT CODE (6 DIGITS)														
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INTERNATIONAL BANK ACCOUNT NUMBER (IBAN)*																				
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BANK IDENTIFIER CODE (BIC/SWIFT CODE)*												
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* Your BIC and IBAN are located on your bank statement

BANK STAMP & DATE (To confirm A/C details correct)

For Office Use only
Date Emailed re financial assistance
Date HEA confirmed

For Office Use only

1st Payment

Total Approved: _____ Approved by: _____ Date _____

Payment issued by: _____ Value _____ Voucher No. _____ Date _____

Receipts checked by: _____ Value of valid receipts; _____ Date _____

2nd Payment

Payment issued by: _____ Value _____ Voucher No. _____ Date _____

Receipts checked by: _____ Value of receipts; _____ Date _____

To the Dentist or Optician:

***SCHEME FOR ASSISTANCE WITH EXPENSES FOR
DENTAL OR OPHTHALMIC TREATMENT (2017/2018)***

The bearer of this notice is assumed to be intending to make application under the above scheme, the purpose of which is to provide support for any wholetime student of DIT who requires routine Dental or Ophthalmic treatment, but is experiencing financial difficulty. Please ask the student if they are eligible for a medical card, if so they are not eligible to apply for assistance under this scheme.

Assistance is not available to:

- Students who have not registered
- Apprentice and Part-Time Students
- Incoming Students on Socrates/Erasmus Programmes or equivalent from EU Institutions
- Students attending Foundation/Access courses

On completion of the standard application form, the student should make an initial appointment with the preferred Dentist or Optician. The student should produce the form to you, so that you can provide in Section D (or on a separate letterheading) a written estimate of the cost of treatment proposed. You should also **inspect the Student's ID Card and record the number**, ensuring the student is a wholetime student entitled under the scheme. The student will then post the application form completed to the Financial Aid and Accommodation Services Dept. for approval. If the application is successful, a letter will be issued to the Practitioner authorising treatment under the scheme.

Treatment MUST NOT commence until the Practitioner has received a letter of authorisation, except in a case certified by the Practitioner to be an emergency or for the immediate relief of pain. In this case a fax or email communication must be made to the Financial Aid and Accommodation Services Dept and a reply will be communicated back by email, otherwise the student must pay for the emergency treatment and submit invoices and supporting documentation to this dept. The Financial Aid & Accommodation Services Dept will make a decision on the application. The maximum assistance allowed will be €250.

The maximum awards payable under the scheme are:

- DENTAL:** Subsidy of up to 75% of the cost of **routine** and **emergency** Dental treatment (at standard Department of Social Welfare rates), as certified by the Dentist, in respect of treatment provided. Routine treatment includes fillings, extractions, scaling and polishing, and **essential** reconstruction work and dentures.
- OPHTHALMIC:** Subsidy of up to 75% of the cost of **routine** Optical treatment, as prescribed by the Ophthalmic Practitioner, up to a maximum payment of €250 in any one case. Routine optical treatment includes sight testing, lenses (including bifocals where required) and frames in accordance with Eastern Health Board regulations and rates.

Payment of any award will be made directly to the DIT appointed dentist (Dr Paul Redbond) on foot of an invoice only for the agreed portion of the total fees which the DIT Financial Aid and Accommodation Services Administrator has agreed to be liable. Payment of the balance must be made directly by the applicant.

For any other dental/ophthalmic provider the student must pay and submit the receipts to the Financial Aid & Accommodation Dept

Any recommendation made will expire on completion of the treatment required. Any further treatment must be the subject of a new application by the student.

Your co-operation with the DIT's Financial Aid and Accommodation Services and with our students, is greatly appreciated.

Deirdre Corcoran – Manager

Financial Aid & Accommodation Services Dept