

**Telephone (01) 402 3394/4027513**

**Fax (01) 402 3449**

**Email: student.services@dit.ie**

**SCHEME FOR ASSISTANCE WITH EXPENSES FOR  
DENTAL OR OPHTHALMIC TREATMENT (HEA/EU Funded)  
2011/2012**

**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.**

***The purpose of this scheme is to provide support for any wholetime student of the DIT who requires routine or emergency Dental treatment or Ophthalmic treatment, but is experiencing financial difficulty. The Student Assistance Fund regulations apply to the operation of this scheme.***

***The Fund is limited and applications can be considered only while funds are available in the current academic year.***

**IMPORTANT**

**When you have completed the form, you should firstly 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 with the documentation (see overleaf for details) to the address above. Please also refer to the checklist at the back of this form when completing your application. Assessment is based on documentation submitted.**

**Please ensure to include your current email address at the front of the form – all correspondence will be communicated by email where possible. All questions on the form must be answered fully.**

**You must also complete the HEA Student Data Form attached to the form as this is a mandatory requirement.**

**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 D** and arrange for **Section C** on the front of the form to be completed and signed by the Head of Department/School in your DIT College, or your course Tutor or Leader. All of the questions on the form must be answered fully.

The following **supporting documentation must** be submitted with the application form.

Occupation and Parental/Guardian Income and number of other dependent children <b>or</b> Grant certification	Payslip or P60; Social Welfare certificate; (for inspection). If unavailable, a supporting letter from a responsible person known to you should be provided
Own Income:	Payslip, P60 (for inspection)
Mature Student only	Grant Certification, or Payslip or P60 or/ and partner’s income

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

***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 Student Sports Recreation and Support Services Dept. You may also pay the dentist for emergency treatment and submit the invoice and required documentation to this department for consideration. The Student Sports, Recreation and Support 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 70% 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 70% 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 Student Sports, Recreation and Support 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.**

**ASSISTANCE WITH EXPENSES FOR DENTAL OR OPHTHALMIC TREATMENT  
(HEA/EU Funded)**

**APPLICATION FORM - 2011/2012**

**SECTION A - Applicant's details**

<b>1. Name</b>	<b>2. Age</b>	<b>3. Gender</b>	<b>4. Date of Birth</b>	<b>5. Student No</b>
<b>6. Home Address</b>			<b>7. Accommodation Address</b>	
Phone No.			Phone No.	
Email				
<b>8. Name of Parent/Guardian</b>				

**SECTION B - Course and Fee information - Academic Year 2011/2012**

<b>9. DIT College</b>	<b>10. Faculty</b>	<b>11. Course Title</b>	<b>12. Course Code</b>	<b>13. Year of Course</b>

<b>14. Are you in receipt of a:</b>	<b>Yes or No</b>	<b>Amount</b>	<b>From: County Council/VEC/Social Welfare/other</b>
Grant			
Scholarship or Training Allowance			
Social Welfare benefit or allowance			
Have your fees been paid			

**SECTION C - Certificate of registration and attendance**

**To be completed by AN ACADEMIC STAFF MEMBER ASSOCIATED WITH YOUR COURSE.** (The information requested below is required **solely** in connection with an application to the Student Assistance Fund).

**15.** I certify that I am acquainted with the above-named applicant, who is a registered student in  
Year \_\_\_\_\_ of Course \_\_\_\_\_

**16.** His/Her attendance in the current Academic Year is considered (*tick as appropriate*):

SATISFACTORY  UNSATISFACTORY

(If **Unsatisfactory**, the Academic Staff Member is requested to supply a covering note for the confidential information of the Student Services Administrator)

Signed \_\_\_\_\_  
Head of School / Head of Department / Course Leader / Tutor.

School / Department \_\_\_\_\_ Date \_\_\_\_\_

**Section D – Details of the application for assistance**

**17.** Cost of treatment as certified by the Dentist/Optician: € \_\_\_\_\_ Estimate dated: \_\_\_\_\_

Cost of **Emergency treatment** certified by Dentist € \_\_\_\_\_ Estimate dated \_\_\_\_\_

**18.** Brief description of treatment to be provided:

\_\_\_\_\_  
\_\_\_\_\_

**19.** Signature of Dentist / Optician :

\_\_\_\_\_

**20.** Name and Address of Dentist / Optician :

\_\_\_\_\_  
\_\_\_\_\_

**21.** Official stamp of Dentist / Optician :

**22.** Are you covered by a medical card or alternative health cover? Yes  NO

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For office use only

Total approved \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Dental/Ophthalmic costs \_\_\_\_\_ Invoice No: \_\_\_\_\_ Date \_\_\_\_\_

Payment issued by \_\_\_\_\_ Date \_\_\_\_\_ Payment No: \_\_\_\_\_

**I certify 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 for allowance towards the cost of routine Dental or Ophthalmic Treatment.**

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Only complete the attached Bank Mandate form if you paid the Dentist/Optician directly.**

# CHECK LIST

## *Dental/Ophthalmic Support Fund 11/12*

### A GUIDE TO COMPLETE YOUR APPLICATION FORM AND SUBMIT THE REQUIRED DOCUMENTATION

#### **Please tick**

1. Have you fully completed your application form:

2. Form signed by:  
(See Section C)

Head of School/Head of Dept/Tutor/Course Leader

3. Section D (Q.17-21) to be completed by dentist:

4. Who did you discuss with/ obtain your information from:

DITSU/Counsellor/Chaplaincy/ SSRS Dept/ Website/Notice Boards/Wellfare Booklet/Word of mouth/other

5a **(Excluding mature students)**

Submit Parental/Guardian's income **or** grant certification.....

Submit own Income - part time work details or other (if applicable).....  
(letter from employer, P60 or a recent payslip)

5b. **(Mature Students only)**

Submit maintenance Grant details (if applicable).....

Submit income details if you are or were recently employed (if applicable).....  
(letter from employer, P60 or a recent payslip)

Not entitled to grant.....

6. Ensure to include your email address on the front of the form.....

7. Please complete the DIT SAF APPLICANT PROFILE DATA QUESTIONNAIRE 2011/12.....

**DUBLIN INSTITUTE OF TECHNOLOGY**

**PAYMENT MANDATE FORM**

**DIT STUDENT SPORTS, RECREATION AND SUPPORT SERVICES**

Please complete this Bank Mandate Form which is utilised to process electronic payments. The form completion does not indicate eligibility for Student Assistance Funding. It will however if proved eligible ensure prompt issuing of payments.

**Return this form to..... DIT Student Sports, Recreation and Support Services  
143-149 Rathmines Rd,  
Dublin 6**

**Please ensure that all the required information is fully and accurately provided.**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**Contact Phone Number** \_\_\_\_\_

**BANK ACCOUNT DETAILS**

**BANK NAME** \_\_\_\_\_

**BANK ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**ACCOUNT NAME** \_\_\_\_\_

**Bank Account Number (8 Digits)**

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**Bank Sort Code (6 Digits)**

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**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

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To the Dentist or Optician:

***SCHEME FOR ASSISTANCE WITH EXPENSES FOR  
DENTAL OR OPHTHALMIC TREATMENT (2011/2012)***

***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:**

- **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. Please post the application form completed to the Student Sports, Recreational and Support 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 Student Sports, Recreation and Support Services Dept and a reply will be communicated back by fax or email, otherwise the student must pay for the emergency treatment and submit invoices and supporting documentation to this dept. The SSRS 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 70% of the cost of ***routine*** and ***emergency*** Dental treatment (at standard Department of Social Welfare rates), as certified by the Dentist, up to a maximum of €70% in respect of treatment provided. Routine treatment includes fillings, extractions, scaling and polishing, and ***essential*** reconstruction work and dentures.

**OPHTHALMIC:** Subsidy of up to 70% 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 Student Sports, Recreation and Support Services Administrator has agreed to be liable, as advised in the letter of authorisation. Payment of the balance must be made directly by the applicant.

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 Student Sports, Recreation and Support Services and with our students, is greatly appreciated.

**D. Corcoran – Manager**

***SSRS Dept***

# DIT SAF APPLICANT PROFILE DATA QUESTIONNAIRE 2011/2012

This is a private and confidential document for use in the compilation of essential statistical information as requested by H E A and for DIT use only. SAF payments cannot be released until this form is completed and received by DIT's SSRS Dept for all applicants. (Emergency payments will be issued and the form must be submitted as soon as possible afterwards.)

<b>1a Your name in full</b>	
<b>1b Your student I.D. Number</b>	
<b>1c Your P.P.S. Number</b>	
<b>1d Are you a member of the travelling community?</b>	

**2a Please indicate which type of assistance you are applying for – tick as appropriate:**

<b>Student Assistance Fund - General</b>	<b>Student Assistance Fund – Access</b>	<b>Emergency Assistance</b>	<b>Compulsary Travel</b>	<b>Childcare</b>
<b>A.</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>

**2b Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

**2c Age Group** 15 – 24 \_\_\_\_\_ 25 – 64 \_\_\_\_\_

**3a What year of your course are you on – tick as appropriate:**

<b>First Year</b>	<b>Final Year</b>	<b>Other</b>

**3b What type of Course are you enrolled on – tick as appropriate:**

<b>Higher Certificate</b>	<b>Ordinary level degree/Higher Diploma</b>	<b>Honours Degree</b>	<b>Post Graduate course</b>

**3c What was your prior labour market status? – tick as appropriate:**



<b>Full-time education/training</b>	<b>Employee</b>	<b>Self employed</b>
<b>Long term unemployed</b>	<b>Short term unemployed</b>	<b>Other</b>

**3d Your highest educational attainment – tick as appropriate:**

**Primary Lower Secondary Education (Up to Junior Certificate)** \_\_\_\_\_  
**Upper Secondary Education (Leaving Certificate)** \_\_\_\_\_  
**Post secondary non-tertiary education (Post leaving Certificate)** \_\_\_\_\_  
**Tertiary Education -below Level 10 (Third level education)** \_\_\_\_\_  
**Important**

Question 3c - Refers to your status prior to entry into Higher Education  
 Question 3d - Refers to your course study excluding your current course of study  
 Question 4b - See Appendix B for list of EU/EEA member states  
 Question 9b - Please tick if applicable – (Independent verification by the HEI is not required )

**Student Support Assistance projects funded by the Irish Government and part-financed by the European Union under the National Development Plan, 2007 - 2013**

National Development Plan 2007 - 2013  
EUROPEAN SOCIAL FUND  
Investing in Your Future

**4a Your tuition fee arrangement for 2011.12 – tick as appropriate:**

Free Fees	E. U. Fees	Non E.U. Fees

**4b Please indicate your area of origin – tick as appropriate:**

Ireland North/South	EU Member state	Other EEA Countries or the Swiss Confederation	Non EU/EEA countries

**5a Have you been allocated SAF in a previous year: Yes / No \_\_\_\_\_**

**5b If Yes, please tick below the Academic Years in which an allocation was made:**

2010/2011	2009/2010	2008/2009	2007/2008

**6 Enter date of application to SAF (2011/2012): \_\_\_/\_\_\_/\_\_\_**

**7 Are you repeating the year 2011/2012: Yes / No \_\_\_\_\_**

**8a Have you been approved for a maintenance grant: Yes / No \_\_\_\_\_**

**8b If Yes please tick: Adjacent \_\_\_\_\_ Non Adjacent \_\_\_\_\_**

**8c Have you been approved for the special rate of Maintenance Grant payment: Yes/No \_\_\_\_\_**

**8d If yes, indicate month of first grant payment received 2011/2012 - tick as appropriate:**

October 2011	November 2011	December 2011	Other please state

**9a Are you in receipt of any Bursaries, Scholarships, or Grants other than the Maintenance Grant for 2011/2012:**

**Yes / No \_\_\_\_\_**

**9b If Yes, please indicate by ticking the appropriate box below:**

<b>Donagh O Malley Scholarship</b>		<b>Credit Union Scholarship</b>	
<b>All-Ireland (Mc Manus) Scholarship</b>		<b>Trade Union Scholarship/Grant</b>	
<b>DES Gaelteacht Scholarship</b>		<b>Sports Scholarship</b>	
<b>Other DES Scholarship</b>		<b>Society S V P Grant</b>	
<b>Bank of Ireland Millenium Scholars Trust Scholarship</b>		<b>Other Scholarship / Grant</b>	
<b>Other Bank Scholarship</b>			

**10 Are you engaged in part time work during the current session (2011/2012). Tick as appropriate:**

<b>Yes, up to exams</b>		<b>Yes, for part of the year</b>		<b>No</b>	
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**11a Have you been admitted to DIT under a direct admissions scheme to address socio-economic disadvantage (ie HEAR, or equivalent):**

<b>Yes</b>		<b>No</b>		<b>Not applicable</b>	
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**11b Are you a participant on any support programme run by DIT: Yes/No \_\_\_\_\_**

11c If your answer is Yes please tick the programme below:

HEAR Support Programme		Disability Service	
Access Office - general		Combination of above	
Mature Student Support programme			

12a Have you any dependent children: Yes/No \_\_\_\_

12b If Yes to the above indicate the number: 1-3 \_\_\_\_, 4-7 \_\_\_\_, 8 plus \_\_\_\_

12c Indicate the number of children in full time further or higher education (tick as appropriate):

None		1-2		3-4		5+	
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13a Are you receiving social welfare support during 2011/12:

Yes/No \_\_\_\_\_

13b If yes please tick the type of support:

Back to Education allowance \_\_ Other Social Welfare payment \_\_\_\_\_

14a Are you of independent means ie. self supporting (no support from parents/guardians):

Yes/No \_\_\_\_\_

14b If No, are one or both of your parents/guardians in receipt of Social Welfare:

Yes/No \_\_\_\_\_

14c Please indicate your living arrangements in the current 2011/2012 Session by ticking below:

Living in parents/guardians home		Rented Accommodation -Student Residence	
Living in own home		Rented Accommodation - Other	

15 How did you become aware of the Student Assistance Fund.

Please answer by ticking the appropriate box below:

Access Orientation Programme		www.Studentfinance.ie	
General Orientation Programme		Access Office	
Student handbook		Student Services staff	
Students Union		Lecturer/ Tutor	
College website		Other	

# APPENDIX B

## European Economic Area (EEA) Countries

### EU Member States

	Poland
Austria	Portugal
Belgium	Romania
	Slovakia
Bulgaria	Slovenia
Cyprus	Spain
	Sweden
Czech Republic	United Kingdom

Denmark

### Non-EU Member States

Estonia	Iceland
Finland	Liechtenstein
France	Norway

Germany

Greece

Hungary

Ireland

Italy

Latvia

Lithuania

Luxembourg

Malta

Netherlands

**For Office use only**

**16a Decision on SAF Application**    **Approved** \_\_\_\_\_ **Not Approved** \_\_\_\_\_

**16b Date of first payment**        /   /        **(Approved applicants)**

**Student Data Form Received:**        \_\_\_\_\_

**Student Data Form details checked:** \_\_\_\_\_

**Date HEA Database updated:**        \_\_\_\_\_

**Database Inputer:**                    \_\_\_\_\_

**Outstanding Queries/Comments:**

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