

**ASSISTANCE WITH EXPENSES FOR MEDICATION – 2011/2012
(HEA/EU FUNDED)**

The Student Assistance Fund regulations apply to the operation of the medication assistance scheme. The purpose of this scheme is to provide support for any wholetime student of DIT who requires medication expenses but who is experiencing financial difficulties.

IF YOU HAVE A MEDICAL CARD YOU DO NOT NEED TO AVAIL OF THIS SCHEME. HOWEVER, IF THERE IS A DELAY IN OBTAINING A MEDICAL CARD 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.

Please note that funds are limited for this scheme.

This form should be completed by the Medical Officer as appropriate, and should then be submitted to the DIT Student Sports, Recreation and Support Services Administrator. **IT SHOULD NOT BE COMPLETED BY THE STUDENT.** The Student's ID card must be inspected and the student number recorded overleaf. If you need advise on this scheme please contact the local DITSU representative in your college or this office at Tel. 01 4027513 or 4023394.

The full name and address of the Treatment Provider, together with a realistic estimate of the total cost of treatment, MUST be supplied.

No commitment should be made to the student until the Student Sports, Recreation and Support Administrator has decided on the application. The maximum assistance provided is €300 per student.

The student should be assured that any information supplied will be treated as confidential.

The provider of the medication will be advised of any award made, and payment will be made directly to the provider on foot of an Invoice for the amount which the Student Sports, Recreation and Support Administrator has agreed to pay. Payment of any balance must be made directly by the student.

Any recommendation made will expire on completion of the course of treatment indicated. Any further treatment must be the subject of a new application.

The completed form should be sent to:

**Student Sports, Recreation
and Support Services Manager
Dublin Institute of Technology,
143-149 Rathmines Rd, Dublin 6**

Student please note:

Complete the HEA Student Data Form attached to the form as this is a mandatory requirement.

Please enter clearly your email address (regularly accessed) at the front of the form. Correspondence will be communicated by email unless hardcopy (letter) is requested.

For office use only

Ref.
M11/

**Student Sports, Recreation
and Support Services**
143-149 Rathmines Rd
Dublin 6

Email: Student.services@dit.ie
Telephone (01) 402 7513/4023394
Fax (01) 402 3449

ASSISTANCE WITH EXPENSES FOR MEDICATION (HEA/EU Funded)
APPLICATION FORM - 2011/2012

This form is confidential and should be completed only by the Medical Officer. Students who have a medical card or alternate cover are not eligible for assistance.

<p>1. Student's Name: _____</p> <p>3. Gender _____</p> <p>5. Home Address: _____ _____ _____</p> <p>6. Accommodation Address (if different) _____ _____</p> <p>7. Telephone No. _____</p> <p>9. College: _____</p> <p>11. Course: _____</p>	<p>2. Student No _____</p> <p>4. Date of Birth: _____</p> <p>8. Email (Regularly accessed) _____</p> <p>10. Faculty: _____</p> <p>12. Year of Course: _____</p>
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Medical Card eligibility Yes No

Student Certification

I am in financial difficulty and I am unable to pay for medication. I have no medical cover.

Student Signature: _____

13. Brief description of Condition: _____

14. Proposed Treatment (including duration, number of sessions, etc. where relevant)
Please complete fully with exact details. _____

15. Treatment to be provided by (please supply **full name and address**): _____

16. Estimated cost of proposed treatment: € _____

17. Has the student received support from the fund previously in this academic year

Yes No

If yes, please give details:

I certify that I am acquainted with the above-named student, whom I judge to be in financial hardship and I recommend that he/she should receive assistance with the cost of treatment described

Name: (in block) _____

Signature: _____
Counsellor or Medical Officer

Date: _____

Location: Please tick appropriate box

DIT Aungier St

DIT Bolton St

FOR OFFICE USE ONLY

Total Approved: _____

Approved By _____ Date _____

Invoice No _____ Value of invoice _____ Date _____

Payment issued by _____ Date _____

Payment No: _____

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.)

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

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

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

2b Gender: Male _____ Female _____

2c Age Group 15 – 24 _____ 25 – 64 _____

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

First Year	Final Year	Other

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

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

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

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

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



Financed by the Irish Government
Programme 2007 - 2013
and the European Union

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:

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

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

Yes, up to exams		Yes, for part of the year		No	
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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):

Yes		No		Not applicable	
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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

