

**ASSISTANCE WITH EXPENSES FOR SPECIALIST TREATMENT 2011/2012
(HEA/EU Funded)**

The Student Assistance Fund regulations apply to the operation of this Specialist Assistance Scheme. The purpose of this scheme is to provide support for any wholetime student of DIT who requires specialist medical or psychological assessment or treatment, but 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 ACCESSING THE PUBLIC SYSTEM, 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 Student Counsellor or Medical Officer as appropriate, and should then be submitted to the DIT Student Sports, Recreation and Support 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 €400 per student unless the specialist treatments are in excess of €80 per treatment. The maximum assistance will be €600 in these cases.

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

The provider of the specialist service will be advised of any award made, and payment will be made directly to the service 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. Please be aware that payments to service providers will be subject to statutory deduction of Withholding Tax.

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:

**Sports, Recreation and Support Administrator
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.

**ASSISTANCE WITH EXPENSES FOR SPECIALIST TREATMENTS (HEA/EU Funded)
APPLICATION FORM - 2011/2012**

This form is confidential and should be completed only by the Medical Officer or Student Counsellor. 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. Email (regularly accessed) _____</p> <p>9. College: _____</p> <p>11. Course: _____</p> | <p>2. Student No: _____</p> <p>4. Date of Birth: _____</p> <p>8. Phone No: _____</p> <p>10. Faculty: _____</p> <p>12. Year of Course: _____</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Medical Card eligibility Yes No

Student Certification

I am in financial difficulty and I am unable to pay for specialist treatment. 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 this fund previously (2010/2011)

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 the treatment described.

Name: (in block) _____

Signature: _____ Date: _____
Counsellor or Medical Officer

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

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 | |
|-------------------------|--|----------------------------------|--|-----------|--|

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 | |
|------------|--|-----------|--|-----------------------|--|

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+ | |
|------|--|-----|--|-----|--|----|--|

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

Austria

Belgium

Bulgaria

Cyprus

Czech Republic

Denmark

Estonia

Finland

France

Germany

Greece

Hungary

Ireland

Italy

Latvia

Lithuania

Luxembourg

Malta

Netherlands

Poland

Portugal

Romania

Slovakia

Slovenia

Spain

Sweden

United Kingdom

Non-EU Member States

Iceland

Liechtenstein

Norway

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:
