

Back to Education Allowance (BTEA) Scheme

Springboard ICT and Software Development Skills Conversion fulltime courses 2017

Only fill in this form if you are getting a social welfare payment and wish to pursue a course under the bespoke BTEA scheme for Springboard ICT and Software Development Skills Conversion fulltime courses 2017.

Please answer all questions.

1. PPSN: _____

2. Name: _____

3. Address: _____

4. Telephone no.: _____

5. Email address: _____

6. Are you getting a social welfare payment? () Yes () No

7. If Yes, what payment are you getting? _____

8. How long have you been getting this payment? _____ months

Below, please provide some detail in relation to the fulltime Springboard ICT Skills Conversion 2017 course you wish to pursue. You will also be required to include evidence of confirmation of your course offer and acceptance and start and finish date

9. Name of Course provider: _____

10. Address: _____

11. Title of course: _____

12. Course code: _____

13. Type of Qualification/Awarding body: _____

14. Course start date: _____ Course end date: _____
ICT Skills Conversion course 2017

15. Work placement – start date: _____ end date: _____

16. Please give details of all second level and third level courses you have completed and the year you got each qualification;

I wish to apply for payment under the bespoke Back to Education Allowance for support to attend Springboard ICT and Software Development Skills Conversion course 2017.

I declare that all the information I have given is accurate and truthful.

I will notify the Department of any change in circumstances which may affect my continued entitlement in accordance with the Back to Education programme.

Back to Education guidelines available at http://www.welfare.ie/en/pages/353_back-to-education-allowance.aspx

Signature of applicant: _____ Date: _____

For official use only:

Local Social Welfare Office number: _____

Payment type: _____ CT days: _____

Springboard+ ICT Skills Programme 2017 fulltime course Y ___ N ___

BTEA approved Y ___ N ___

Input on to TLA system Y ___ N ___

Signature of Intreo/Local Officer: _____

Date: _____