



## Back to Education Programme

### Part Time Education Option (PTEO) application form - Springboard+ 2018

Only fill in this form if you are getting jobseeker's allowance or jobseeker's benefit and wish to pursue a part-time course. Please answer all questions.

1. PPSN: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Telephone no.: \_\_\_\_\_

6. Email address: \_\_\_\_\_

Below, please provide some detail in relation to the 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 from [www.springboardcourses.ie](http://www.springboardcourses.ie).

7. Name of Course provider: \_\_\_\_\_

8. Address: \_\_\_\_\_  
\_\_\_\_\_

9. Title of course: \_\_\_\_\_

10. Type of Qualification: \_\_\_\_\_

11. Awarding body: \_\_\_\_\_  
(e.g. Hetac)

*(continued on other side)*

12. Course start date: \_\_\_\_\_ Course end date: \_\_\_\_\_

13. Total weekly hours of attendance: \_\_\_\_\_

14. Pattern of attendance (e.g. number of contact hours per day, evening & weekend per week)

Day hrs \_\_\_\_\_ Evening hrs. \_\_\_\_\_ Weekend hrs. \_\_\_\_\_

15. Work placement – start date: \_\_\_\_\_ end date: \_\_\_\_\_

16. Please give details of previous full-time or full-time Springboard courses pursued \_\_\_\_\_

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

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#### Declaration

- I wish to apply for the Part Time Education Option of the Back to Education Programme.
- I understand that I must continue to satisfy the conditions of being available for and genuinely seeking work.
- I understand that if I am offered work while on the course I will be expected to accept a job offer.
- I understand participation on a Springboard course will not confer any entitlement to receive an income support payment from the Department of Social Protection.
- I understand any income support I am currently in receipt of will only continue while an entitlement exists.
- I declare that all the information I have given is accurate and I will notify the Department when/if my circumstances change.

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

**For official use only:**

Local Social Welfare Office number: \_\_\_\_\_

Payment type: \_\_\_\_\_ CT days: \_\_\_\_\_

Springboard 2017 Course PTEO Granted Y \_ N \_

ISTS code 'SPPT input to ISTS claim Y\_ N\_

Other relevant information: \_\_\_\_\_

Signature of local officer: \_\_\_\_\_

Date: \_\_\_\_\_