



Back to Education Programme

Part Time Education Option (PTEO) application form - Springboard+ 2020

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.

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;

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 Employment Affairs and 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 2020 Course PTEO Granted Y _ N _

ISTS code 'SPPT input to ISTS claim Y_ N_

Other relevant information: _____

Signature of local officer: _____

Date: _____