



Back to Education Programme

Part Time Education Option (PTEO) Application Form | Springboard+ 2021-22

Only completed this form if you are in-receipt of Jobseeker's Allowance or Jobseeker's Benefit and wish to pursue a part-time course. Please complete all sections of the form:

PPS Number:

First Name(s): _____

Surname(s): _____

Date of Birth: / /

Address: _____

Phone Number: _____

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

Name of Course Provider: _____

Address: _____

Title of Course: _____

Type of Qualification: _____

Awarding body: _____

Course start date: ___/___/___ **Course end date:** ___/___/___

Total weekly hours of attendance: _____

Pattern of Attendance:

Day hrs. _____ **Evening hrs.** _____ **Weekend hrs.** _____

Work Placement - Start date: ___/___/___ **End date:** ___/___/___

Please give details of previous full-time or full-time Springboard courses pursued _____

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: _____ **Date:** _____

For Official Use Only

Local Social Welfare Office Number: _____

Payment Type: _____ **CT days:** _____

Springboard 2021-22 Course PTEO Granted: Yes No

ISTS code 'SPPT input to ISTS claim Yes No

Other relevant information:

Signature of Local Officer: _____

Date: _____