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| **Name:** |  |
| **PPS NO.** |  |
| **Home Address:**  **Distance (KM) from your home to course location:** |  |
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|  |
| **Contact Address:(if different from above)** |  |
| **Nationality/Status** |  |
| **Contact Telephone Number:**  **Mobile Telephone Number:**  **Email Address:** |  |
|  |
|  |
| **Gender:** | Male  Female |
| **Age Range:**  **Date of Birth:** | 21-24  25-34  35-44  45-54  55-65+  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Education Status:**  ***Indicate your highest level of attainment to date*** | No Qualification  Primary Education  Intermediate / Junior Certificate  Leaving Certificate / LCA  FETAC Level 4, 5 or 6  (please specify which level below)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other (please specify below)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**VOCATIONAL TRAINING OPPORTUNITIES SCHEME (V.T.O.S)**

**APPLICATION FORM**

**Closing Date for Applications: 6th August 2021**

 

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| **Employment Status:**  *Tick the category most relevant to your current situation* | Long Term Unemployed > 12 months  Unemployed < 12 months  Other (Please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please tick which of the following payments/credits you are in receipt of:**  **Which Welfare Office do you sign on in:** | In receipt of Jobseekers Allowance/Benefit  Disability Allowance / Illness Benefit  One Parent Family Allowance  Signing for Credits  Dependent Spouse/Partner  Other (Please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Length of time on Allowance selected above:** | 6 – 11 months  12 – 23 months  24 – 35 months  3 years and over |
| **Dependants:**  **Age of each child is required :** | Number of children \_\_\_\_ |
| **Will you require CETS places:**  Name the registered Childcare facility you intend using: | Yes No |
| **Course Title and Level:** |  |
| **Location of your Course:**  **Cavan or Monaghan** |  |
| **Have you ever received VTOS before in Cavan/Monaghan or any other county? If yes please state where?** | Yes No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Additional Information:**  ***Please state why support for the course is required?*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

By signing below, I am giving explicit consent for Monaghan Institute/Cavan Institute/CMETB to confirm, retain, use and disclose the information I have provided for the purposes detailed above in accordance with Cavan and Monaghan ETB Data Protection Policy. I am also giving permission to CMETB to contact my local DSP office for the information required on Page 3 of this form.

(Note the CMETB will only contact your Social Welfare Office if you are short listed as a VTOS candidate)

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please sign here for permission for the VTOS department in CMETB to contact your local Social Welfare Office if required:**

**Print Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPS No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***OFFICIAL USE ONLY*** V.T.O.S

This section must be completed by the Dept. of Social Protection.

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| --- | --- | --- | --- |
| **Personal Rate** | **Yes** | **No** | **Amt:€\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Qualified Adult Increase** | **Yes** | **No** | **Amt:€\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Full Qualified Child Increase** | **Yes** | **No** | **Amt:€\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Half Qualified Child Increase** | **Yes** | **No** | **Amt:€\_\_\_\_\_\_\_\_\_\_\_\_** |
| **No. of Qualified Child Dependents** | **\_\_\_\_\_\_\_\_\_\_\_** | | |
| ***Less* Means Amount (if any)** | **€** | | |
| **Total Net Weekly Payments** | **€** | | |
| **Entitled to Fuel Scheme** | **Yes** | **No** | Amt:€\_\_\_\_\_\_\_\_\_\_\_\_ |
| **This applicant has been claiming one of the following for at least 6 months and is over 21 years of age:** | | | |
| **Jobseekers Allowance:** |  | | |
| **Jobseekers Benefit:** |  | | |
| **Signing for Credits:** |  | | |
| **Other:** |  | | |
| **As at \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_** | **Cumulative No. of Days unemployed\_\_\_\_\_\_\_\_\_\_** | | |
| **Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **LOCAL OFFICER** | **OFFICIAL STAMP:** | | |

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| --- |
| Note: The information provided on this form is confidential and will be retained used and disclosed by Monaghan Institute/Cavan Institute and centrally by Cavan and Monaghan ETB in line with the Data Protection Policy. A copy of the full Data Protection Policy of Cavan and Monaghan ETB is available at [www.cmetb.ie](http://www.cmetb.ie) or on request from the Chief Executive, Cavan and Monaghan ETB, Admin Centre, Market St, Monaghan |
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**VOCATIONAL TRAINING OPPORTUNITY SCHEME**

**GUIDELINES & CHECKLIST**

**Applications are invited from:**

* Those receiving Jobseekers payment/signing for credits.
* Those for whom Adult Dependent allowances are payable.
* Those in receipt of Disability Allowance or Illness benefits.
* Those in receipt of a One Parent family payment.
* Those in receipt of Farm Assist.
* Those who received Statutory Redundancy or Pandemic Unemployment Payment (PUP).

**To enrol you must be in receipt of one of the above for a minimum of 6 months and be at least 21 years of age.**

**(Exception to 6 month rule is those in receipt of Statutory Redundancy & PUP)**

* Childcare Assistance will be provided through the National Childcare Scheme. Please check [www.ncs.gov.ie](http://www.ncs.gov.ie) for further information.
* Meal and Travel Allowance paid.

***Full Time Courses only***

***No specific academic requirements for entry***

***Places are limited and will be allocated based on Educational need and those Long Term Unemployed.*** *If you are interested, please complete the form and return to the relevant VTOS Centre together with the following*:

**CHECKLIST**

* **Acknowledgement of your application to Cavan/Monaghan Institute or letter of acceptance from the college.**
* **If applying to both Cavan & Monaghan Institute, please forward a copy of your application to both VTOS sections addresses hereunder.**

***Monaghan Institute:*** *VTOS Section, Monaghan Institute, Knockaconny, Armagh Road, Monaghan, Co Monaghan. All queries please email:* [*denisemckenna@cmetb.ie*](mailto:denisemckenna@cmetb.ie) *Telephone 047-84900*

***Cavan Institute:****VTOS Section, Cavan Institute, Cathedral Rd, Cavan.  All queries please email* [*adriennecunningham@cavaninstitute.ie*](mailto:adriennecunningham@cavaninstitute.ie)*Telephone 049-4332633*

***Disclaimer: Cavan and Monaghan ETB are not responsible for forms that have been sent to the wrong centre.***