



Students Summer Jobs Scheme 2002

Social Welfare Services Office

- For completion by **THIRD LEVEL STUDENTS** and students in **POST LEAVING CERTIFICATE** courses who will not have completed their course this year.
- Please read information leaflet - SW 50 before completing this form.
- Please use **BLOCK LETTERS** and place a tick () in the boxes provided.
- Please answer **ALL** questions fully.
- Incomplete Applications **WILL** be returned.
- Please supply documentary evidence where specified.
- To guarantee the issue of a Job Certificate by 1 June 2002, provided you are approved, applications must be submitted by 30 April 2002.
- Closing Date for the receipt of applications is Friday 28 June 2002.
- Applications will NOT be accepted after this date.

You should allow 28 days for the processing of your application.

FOR OFFICIAL USE ONLY

DATE RECEIVED

ST2 iss'd:

Doc Ret.:

Means:

Inc. Ind:

UA Ent:

Rej. reason:

ST 77a iss'd:

DO:

PART 1

YOUR OWN DETAILS

1. Please state your:

• FIRST NAME

• SURNAME

• Personal Public Service Number (PPS No.)
Same as RSI/Tax Number

• ADDRESS
for correspondence

• DO YOU LIVE AT HOME DURING THE ACADEMIC YEAR?

YES

NO

• TELEPHONE NUMBER (if any)
• MOBILE NUMBER (if any)

Code

Local Number

Code

Number

• DATE OF BIRTH

DAY MTH YR

2. ARE YOU?

Single

Separated

Married

Divorced

3. Did you apply for the Students Summer Jobs Scheme in 2001?

YES

NO

4. Were you issued with a Job Certificate in 2001?

YES

NO

PART 2

COLLEGE AND COURSE DETAILS

1. Please state:

- YOUR STUDENT IDENTIFICATION NUMBER (for verification purposes)

2. NAME AND ADDRESS OF COLLEGE

3 Please state:

• TITLE OF COURSE

Course CODE

• TYPE OF QUALIFICATION

• DURATION OF COURSE

 year(s)

• Specify CURRENT year of course

 1st 2nd 3rd 4th

• COMMENCEMENT DATE OF COURSE

 DAY MTH YR

• COMPLETION DATE OF COURSE

 DAY MTH YR

4. If you are successful in this Summer's examination will you receive an award?

YES NO

If 'YES', please state type of award:

CERTIFICATE DIPLOMA

DEGREE OTHER state type →

•HAVE YOU REPEATED ANY YEAR OF YOUR CURRENT COURSE OF STUDY?

YES NO

If 'YES', attach a statement from the College verifying the duration of your course and indicating which year you repeated.

5. Do you intend to return to College after the Summer vacation?

YES NO

6. Are you attending a college OUTSIDE the Republic of Ireland?

YES NO

If 'YES', attach a statement from the college verifying this and stating the duration of your course and the number of years already completed by you.

7. Are you attending a POST LEAVING CERTIFICATE course of more than ONE years duration?

YES NO

If 'YES', attach a statement from the college verifying this and stating the duration of your course and the number of years already completed by you.

8. Were you AGED 23 OR OVER on 1 January in the year when you COMMENCED your current course of study?

YES NO

PART 3

YOUR INCOME DETAILS

1. Are you getting a Higher Education Grant or VEC Scholarship for the 2001/2002 academic year?

YES NO

If 'YES', attach documentary evidence of grant/scholarship.

If 'YES', please state :

•Name of LOCAL AUTHORITY/VEC which awarded GRANT/SCHOLARSHIP

•TYPE OF GRANT

•AMOUNT OF GRANT

€ or £

PART 3 continued

DETAILS OF SOCIAL WELFARE INCOME

2. ARE YOU GETTING? Unemployment Benefit Unemployment Assistance Orphan's Pension
 (place a tick () in the relevant box) One-Parent Family Payment Disability Allowance Blind Pension
 Back to Education/Third Level Option Other, state type

3. How long have you been getting this Social Welfare payment?

PART 4

HOUSEHOLD DETAILS

1. Please give the following details in respect of your Father and Mother:	FATHER	MOTHER																								
	• HIS/HER FULL NAME	<input type="text"/>	<input type="text"/>																							
• HIS/HER PPS NO. (was RSI. No.)	<table border="1"> <thead> <tr> <th colspan="5">FIGURES</th> <th>LETTER(S)</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	FIGURES					LETTER(S)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1"> <thead> <tr> <th colspan="5">FIGURES</th> <th>LETTER(S)</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	FIGURES					LETTER(S)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIGURES					LETTER(S)																					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																					
FIGURES					LETTER(S)																					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																					
• IS S/HE IN EMPLOYMENT?	YES <input type="checkbox"/> NO <input type="checkbox"/> If 'YES' please attach a recent PAYS LIP(S).	YES <input type="checkbox"/> NO <input type="checkbox"/>																								
• IS S/HE SELF-EMPLOYED (including Farming)?	YES <input type="checkbox"/> NO <input type="checkbox"/> If 'YES' please attach a RECENT Tax Assessment from the Revenue Commissioners (Long version or Short version with voluntary self assessment).	YES <input type="checkbox"/> NO <input type="checkbox"/>																								
If 'SELF-EMPLOYED', state: - NATURE OF BUSINESS	<input type="text"/>	<input type="text"/>																								
• DOES S/HE OWN PROPERTY (other than the family home)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>																								
If 'YES', give details:	<input type="text"/>	<input type="text"/>																								
2. • IS S/HE GETTING A SOCIAL WELFARE/ HEALTH BOARD PAYMENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>																								
If 'YES', please state: - TYPE OF PAYMENT	<input type="text"/>	<input type="text"/>																								
- CLAIM/REFERENCE NUMBER	<input type="text"/>	<input type="text"/>																								
• Is your FATHER/MOTHER getting INCOME from any of the following SOURCES?	€ <input type="text"/> per week	€ <input type="text"/> per week																								
- OCCUPATIONAL PENSION	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>																								
- OTHER PRIVATE PENSION	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>																								
- LEASING/RENTING of LAND/PROPERTY	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>																								
- INVESTMENT or INTEREST from CAPITAL	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>																								
- OVERSEAS STATE PENSION	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>																								
- OTHER state source	<input type="text"/>	<input type="text"/>																								

If 'YES' to ANY of the above you MUST supply DOCUMENTARY evidence.

PART 4 continued

HOUSEHOLD DETAILS

3. Have your parents MORTGAGE/RENT payments on the family home?

YES NO

YES NO

If 'YES', please state:

• MORTGAGE or RENT PAYMENT(S)

per week/month

per week/month

Please attach a RECENT loan accounts statement/rent receipt showing amount paid.

Are your parents contributing to a medical Insurance Scheme e.g. VHI/BUPA.

YES NO

YES NO

If 'YES', Please attach documentary evidence of Payment.

4. Give details of all OTHER members of the household (excluding your Father and Mother):

Name	Date of Birth			Relationship to you	Is s/he?		
	Day	Month	Year		EMPLOYED	UNEMPLOYED	STUDENT

PART 5

CHECKLIST before you complete the DECLARATION below

• Are you attending College outside the Republic of Ireland?

YES NO

If 'YES', you MUST attach a statement from the College you are attending outside the Republic of Ireland.

• Are you doing a Post Leaving Certificate course of more than ONE years duration?

YES NO

If 'YES', you MUST attach a statement from your College verifying this.

• Have you repeated any year of your current course of study?

YES NO

If 'YES', you MUST attach a statement from your College verifying this.

• Are you getting a Local Authority Grant or VEC Scholarship?

YES NO

If 'YES', you MUST attach documentary evidence of Local Authority Grant/VEC Scholarship.

• Are either (or both) of your parents employed/self-employed or do they have other source(s) of income?

YES NO

If 'YES', you MUST attach documentary evidence of ALL sources of income.

• Do either of your parents have MORTGAGE/RENT payments for the family home?

YES NO

If 'YES', you MUST attach documentary evidence of current mortgage/rent payments.

PART 6

DECLARATION must be signed by the Applicant

I hereby declare that all the details I have given are true to the best of my knowledge and belief. I understand that failure to supply full details of income will result in automatic disqualification.

SIGNATURE OF APPLICANT

DATE

(NOT block letters)

WARNING: Penalty for false statements or withholding information: Fine or Imprisonment or both.

THIS COMPLETED APPLICATION FORM SHOULD BE SENT TO:

Social Welfare Services Office
P.O. Box 3988
Dublin 1.

Applications will NOT BE ACCEPTED after 28 June, 2002.
(Please allow 28 DAYS for processing of your application.)

DATA PROTECTION AND FREEDOM OF INFORMATION

The Department of Social, Community and Family Affairs will treat all the information and personal data which you give as confidential. It will only be disclosed to other bodies in accordance with Social Welfare law and it will be subject to the Department's responsibilities under the Data Protection Act and the Freedom of Information Act.