

Access to Apprenticeship

Application Form 2020

(16—24 years old on the start date of the Programme- Jan 2021)

Data protection/Privacy statement:

Personal information and data supplied by you as an applicant will be used to assess your application and to assist us in providing adequate support for your needs. Personal information provided to the TU Dublin will be treated with the highest standards of security and confidentiality in accordance with the Data Protection Acts 1988 & 2003. Data provided may also be used for research and monitoring purposes by DIT staff. By submitting this application form you acknowledge and consent to these practices .

Affix passport size photo here

Section 1: Personal Details

Your Personal Details

Surname:			
First Name (s):			
Contact Address:			
PPS:			
Eircode:			
Date of Birth:			Country of Birth
Nationality:			Home phone:
Email Address:			
Mobile Phone:			

All correspondence with applicants will take place via email, therefore you must have an active email address.

Section 2. Access Criteria (Applicants must satisfy three of the following criteria to be eligible)

Financial Details: Please tick to confirm that your gross family income was on or below €45,790 in 2020.

Income threshold of €45,790 in 2020 (See Appendix A re supporting documents)

Please tick if you/your parent(s)/guardian(s) were in receipt of the following supports:

A means-tested social welfare payment in 2020

A medical card /GP visit card holder in 2020

OR

Your parent/guardian were in receipt of a medical card /GP visit card holder in 2020

Please tick the following criteria which apply to you:

You have attended a designated disadvantaged school [DEIS]

You live in an area of designated disadvantage.

Please note: You must enter the **EIRCODE** for you postal address on page 1 of this application for this indicator to be verified.

Your Parent(s) or guardian(s) have not gone to college (higher education)

Are you or have you been in the care of the state

Documentation Required (To demonstrate that you satisfy the Access Criteria)

1. A photo copy of you or your parent(s)/guardian(s) medical card/GP visit card.

2. . Income Verification - one of three options:

a) P21 Statement - Your parent(s) or guardian(s) year ending 31/12/2020

- A copy of both sides of the P21 is required

b) Self Employed - Self-Assessment Letter - Chapter 4 for 2020 from Revenue Commissioners or a Tax Exemption Letter

c) Department of Social Protection (DSP) Form - **Appendix A (p7 & 8)** in this application form.

If your parent(s)/guardian(s) received income from the DSP you must provide the following four pieces of information from the DSP:

- i. The total amount of social welfare income received
- ii. The name of the person(s) receiving the payment
- iii. The name of the payment(s) received
- iv. The date the payment started and the date the payment stopped (if applicable)

Ask your local DSP Office to Complete, Sign and Stamp your DSP Form

Section 3. Education

One Year QQI/FETAC Level 5 Pre-Apprenticeship Qualification (Full certificate)	<input type="checkbox"/>
Junior Certificate (5 grades D's or higher)	<input type="checkbox"/>
Leaving Certificate Applied (50 credits)	<input type="checkbox"/>
Leaving Certificate (3 grades D's or higher, or equivalent)	<input type="checkbox"/>
QQI/FETAC Level 3 Major Awards (minimum 6 modules including 3 core - Communication, Mathematics OR Application of Number and Functional Mathematics Personal Effectiveness OR Personal & Interpersonal Skills)	<input type="checkbox"/>
QQI/FETAC Level 4 Major Awards (Minimum 5 modules)	<input type="checkbox"/>
QQI/FETAC Level 5 Major Awards (Minimum 5 modules)	<input type="checkbox"/>

What Secondary School did you attend?

Years Attended:

What Primary School did you attend?

Years Attended:

What is your highest award/qualification achieved in school? (e.g. Leaving Certificate, Junior Certificate, Leaving Certificate Applied). Include subjects, grades and levels (Higher, Ordinary or Foundation).

Qualification and Year:

Subjects	Grade/Level	Subjects	Grade/Level

Please enclose photocopies of qualification/exam results attained.

Are you currently studying or have you completed any other training? (Adult, Community & Further Ed.)

Course Title		Year	
Centre/College		Award Level	
Details			

Section 3. Education cont'd

Have you completed your Safepass and/or Manual Handling Certificate? (Please include expiry date and a photocopy copy of your certificate.)

Course/Certificate	YES/NO	Expiry Date
Safepass		
Manual Handling Certificate		

What are your Interests/Hobbies?

Please provide details:

Which craft apprenticeships are you interested in? Please tick

Aircraft Mechanics	<input type="checkbox"/>	
Brick and Stonelaying	<input type="checkbox"/>	
Electrical	<input type="checkbox"/>	
Heavy Vehicle Mechanics	<input type="checkbox"/>	
Industrial Insulation	<input type="checkbox"/>	
Mechanical Automation and Maintenance Fitting	<input type="checkbox"/>	
Metal Fabrication	<input type="checkbox"/>	
Motor Mechanics	<input type="checkbox"/>	
Painting and Decorating	<input type="checkbox"/>	
Plumbing	<input type="checkbox"/>	
Refrigeration and Air Conditioning	<input type="checkbox"/>	
Sheet Metalwork	<input type="checkbox"/>	
Vehicle Body Repairs	<input type="checkbox"/>	
Wood Manufacturing and Finishing	<input type="checkbox"/>	

Section 4 Employment/Work

Job Title:			
From:		To:	
Employer/Organisation:			
Details of responsibilities (nature of duties, role, etc):			
Job Title:			
From:		To:	
Employer/Organisation:			
Details of responsibilities (nature of duties, role, etc):			
Job Title:			
From:		To:	
Employer/Organisation:			
Details of responsibilities (nature of duties, role, etc.):			

FINANCIAL SUPPORT

Are you currently in receipt of financial support? If you answer yes, please indicate the type of payment and length of time you have been receiving it.	Yes	How Long?
Unemployment benefit (Jobseekers Allowance or Jobseekers Benefit)		
Other social welfare benefit		
VTOS/Back to Education Allowance/Back to Education Initiative		
Training Allowance		

Section 5 Personal Statement

In your own handwriting or you can type it out, please write a statement detailing:

- Your reasons for wanting to participate on this programme;
- Why do you want to become an apprentice?
- What activities or hobbies led you to this decision?
- What motivates you to go to work if you have a part-time job?
- Your motivation for wanting to go to college at this time.
- Is this the right time for you to pursue an apprenticeship, how so?
- What led you to choose to participate on the Access to Apprenticeship Programme?
- What are the reasons for deciding on TU Dublin as a place to start your career and/or studies?
- Other details relevant to your application.

Appendix A: Social Welfare Income Statement Form

Request for information from the Department of Social Protection for the purpose of assessing this application.

Part 1: To be completed by Applicant :

APPLICANT'S NAME:

ADDRESS:

DATE OF BIRTH:

/

/

PPS NUMBER:

Part 2: To be completed by applicant's Parent(s)/Guardian(s):

I authorise the release of information outlined below for the purposes of assessing an Access TU Dublin application.

Parent 1/Guardian 1

Signature :

Parent 2/Guardian 2

Signature:

Part 3: To be completed by DSP Official in Local Social Welfare Office (Please do not alter the year for which information is required on this form)

Mature Applicant/Parent 1/Guardian 1/ Claimant Name:	
PPS number	
Total Social Welfare Income on all social welfare schemes* previously paid to this PPS number in the year 2020	
In receipt of means-tested social assistance payment(s) for at least 26 weeks or 6 months in the year 2020?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of payment 1:	
Name of payment 2:	

Appendix A cont'd

Spouse/civil partner/ co-habitant/Parent 2/Guardian 2 Name:	
PPS number	
Total Social Welfare Income on all social welfare schemes* previously paid to this PPS number in the year 2020	
In receipt of means-tested social assistance payment(s) for at least 26 weeks or 6 months in the year 2020.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of payment 1:	
Name of payment 2:	

All forms must be completed, signed and stamped by a DSP official. Forms that are not signed and stamped are invalid.

Name of DSP Official (BLOCK CAPITALS):										
Signature of DSP Official:										
Date:	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			/				/		
		/				/				
DSP Official Stamp:										

Appendix B: Reference Request Form



This form can be used to enhance your application, Ask the relevant people in your school(s), employer(s), club(s), etc. to fill this out on your behalf and return it with your application form.

To whom it may concern:

This potential student has applied for a place on the Access to Apprenticeship Programme in the Technological University of Dublin. As a referee, please complete this reference request form in as many relevant categories as

Name of applicant : _____

Name of School/Organisation:
Name of Referee:
Contact phone number:
Contact email address:
Position of Referee:
In what capacity and how long have you known this person?

Please rate this person on the following (please place an X)

	Poor	Average	Good	V/Good	Excellent
General Conduct					
Attitude					
Reliability					
Relationship with Peers					
Relationship with Others					
Punctuality					
Attendance					
Maturity					
Initiative					
Responsibility					
Honesty					
Meeting Deadlines					

Do you have any other relevant comments you wish to make regarding this applicant in terms of suitability for this course:

Signed: _____

School/Organisation Stamp

Section 6. Submitting your Application

CHECKLIST

Your Completed Application should contain the following :

Passport photograph attached to Section 1	<input type="checkbox"/>
Active email address in Section 1	<input type="checkbox"/>
Completed Section 2, 3 & 4 and completed Reference Request Form—Please see Appendix B	<input type="checkbox"/>
Photocopy of any qualifications listed in Section 2. (please do not send the originals as it cannot be returned). If you do not have a copy of your qualifications please include details of the qualification attained, noting that you do not have a copy.	<input type="checkbox"/>
Hand-written personal statement as detailed in Section 5.	<input type="checkbox"/>
If you are not an Irish Citizen, please attach a photocopy of your passport and GNIB card where required. If you are a naturalised Irish citizen please include a copy of your Irish passport.	<input type="checkbox"/>

**Completed Applications can be emailed to accesstoapprenticeship@TUdublin.ie or posted to:
Therese Fitzgerald, Access to Apprenticeship, Contact details: (01) 402 4042
TU Dublin Bolton St, Dublin 1, D01 K822. (086) 013 6965**

How did you hear about the programme? (Please tick)

Social Media/Internet (Facebook, twitter, Instagram, TU Dublin website etc.)	
School	
Community Training Centre/Youthreach	
Community agency (Youth worker. support worker etc.)	
Intreo	
Local Employment Service/Guidance Counsellor	
Information evenings/Education Fairs/Career Expos	
Recommendation from a past student	
Recommendation from an employer	

Declaration, Terms and Conditions

Applicant Declaration:

- I confirm that the information provided in this application form is true and correct and that any supporting documentation submitted with my application is genuine.
- I understand that the Technological University of Dublin may cancel my application, withdraw or amend its offer or terminate my registration at the TU Dublin if any aspect of my application is found to be falsified.
- I understand that some details of my application will be used for research purposes, but none of my personal information will be identifiable.
- I understand that failure to complete the application form fully may negatively affect the outcome.

Please tick box below:

I agree to the terms and conditions above and will provide all supporting documents with my application form

Applicant Signature: _____ Date: ____/____/____