

1916 Bursary Application Form 2018/19

(It is important that you read the 1916 Bursary *Guidelines for Completing your Application* before filling out the application form)

Section 1—Personal Details

Name	
Student Number	
Programme	
Date of Birth	
Nationality	
Country of Birth	
Eircode (see www.eircode.ie)	
Mobile Number	
Email Address	

Section 2. Target Group

1. Please select **ALL** criteria that apply to you. You must select at least one. Please refer to Page 5 of the *Guidelines for the documentation required under each heading below*.

<input type="checkbox"/> One Parent Family [Lone Parent]
<input type="checkbox"/> An Irish Traveller
<input type="checkbox"/> In the care of the state/TUSLA (or have previously been so)
<input type="checkbox"/> A Person with a Disability
<input type="checkbox"/> A Member of an Ethnic Minority
<input type="checkbox"/> A Mature Student
<input type="checkbox"/> Entry to 3rd Level based on FETAC/QQI full award (level 5/6)
<input type="checkbox"/> Socio economic groups that have low participation in higher education (Non-manual, Semi/Unskilled workers)

Section 2. Target Group (continued)

2. Financial Details: Please tick to confirm that your gross family income was below €23,500 in 2017. Please refer to Page 5 of the guidelines for the documentation required under each heading below.

Gross family income below €23,500 in 2017

3. Please tick if you were in receipt of the following supports:

A means-tested social welfare payment in 2017

A medical card /GP visit card holder in 2017

OR

Your parent/guardian were a medical card /GP visit card holder in 2017

Any other financial support? If so please give details here:

4. Please tick the following criteria which apply to you: [Please see Page 2 Section 2 Q4 of Bursary Guidelines]

You have attended a designated disadvantaged school [DEIS] (not applicable to Mature students)

You live in an area of designated disadvantage

You belong to a group that is under-represented in third-level education, e.g. Non-Manual Workers and Semi, Unskilled Manual Workers Group.

Section 3. Secondary School

5. What Secondary School did you attend? [Not applicable to Mature Students—i.e. students entering college over the age of 23 years on 1st January 2018]

5a. Years Attended:

Section 4—Personal Statement

6. We want to hear about the challenges (financial, social, medical, family circumstances and other) you faced in deciding to come to college. The following questions may act as a guide for you when writing your statement

- Describe the greatest challenge you have faced and overcome in accessing college?
- Why did you choose your programme of study? (interest in career, previous study in this area)
- What impact would this bursary have on your ability to complete your studies?
- Why are you applying for this bursary and how would you use it?
- Any additional information that you think may be relevant to your application

Your statement should be no more than 500 words in length.

Section 5. Supporting Documentation— Social Welfare Income Statement

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

Part 1: To be completed by 1916 Bursary Applicant :

APPLICANT'S NAME:

ADDRESS:

DATE OF BIRTH:

PPS NUMBER:

Part 2: To be completed by (i) mature applicant including spouse/civil partner/ co-habitant (If applicable) (ii) or applicant's Parent(s)/ Guardian—if Under 23 years of age

I authorise the release of information outlined below for the purposes of assessing a 1916 Bursary application for the above named applicant.

Mature Applicant/Parent 1/Guardian 1

Signature :

Spouse/civil partner/ co-habitant/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 2017	
In receipt of means-tested social assistance payment(s) for at least 26 weeks or 6 months in the year 2017?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of payment 1:	
Name of payment 2:	

Section 5. Supporting Documentation—Social Welfare Income Statement

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 2017	
In receipt of means-tested social assistance payment(s) for at least 26 weeks or 6 months in the year 2017?	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; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			/			/		
		/			/				
DSP Official Stamp:									

Section 5. Supporting Documentation - Socio-Economic Group Assessment Form

Please complete this page if you are under 23 years on 1st January 2018. If you are a Mature Applicant (over 23 years) please go to page 7.

I authorise the release of information outlined below for the purposes of assessing a 1916 Bursary application for the above named applicant.

Parent 1/Guardian 1

Parent 2/Guardian 2

Signature : _____

Signature: _____

Parents/Guardians - Socio-Economic Background	
Parent(s)/Guardian(s) Full Name :	
Parent/Guardian 1 Name:	Parent/Guardian 2 Name:
Parent(s)/Guardian(s) Current Job Title(s) (or their most recent job title if they are not currently working). In all cases describe the occupation fully and precisely giving the full job title, such as Office Administrator (do not use Administrator), Retail Store Manager (do not use Manager), Electrical Engineer (do not use Engineer), Construction Labourer (do not use Construction) etc	
Parent/Guardian 1:	Parent/Guardian 2:
Parent(s)/Guardian(s) please indicate which option best applies to you: Tick one box only in each column:	
Parent/Guardian 1	Parent/Guardian 2
<input type="checkbox"/> Working for payment or Profit <input type="checkbox"/> Never Worked <input type="checkbox"/> Currently Unemployed <input type="checkbox"/> Looking after home/family <input type="checkbox"/> Retired from employment <input type="checkbox"/> Unable to work due to permanent sickness or disability <input type="checkbox"/> Deceased <input type="checkbox"/> No contact whatsoever	<input type="checkbox"/> Working for payment or Profit <input type="checkbox"/> Never Worked <input type="checkbox"/> Currently Unemployed <input type="checkbox"/> Looking after home/family <input type="checkbox"/> Retired from employment <input type="checkbox"/> Unable to work due to permanent sickness or disability <input type="checkbox"/> Deceased <input type="checkbox"/> No contact whatsoever
Parent(s)/Guardian(s) Current or Most Recent Type of Employment: Tick one box only for each parent/guardian:	
Parent/Guardian 1	Parent/Guardian 2
<input type="checkbox"/> Employee <input type="checkbox"/> Self Employed <input type="checkbox"/> Self Employed (including farmer) with Paid Employees <input type="checkbox"/> Never Worked	<input type="checkbox"/> Employee <input type="checkbox"/> Self Employed (including farmer) <input type="checkbox"/> Self Employed (including farmer) with Paid Employees <input type="checkbox"/> Never Worked

Section 5. Supporting Documentation - Socio-Economic Group Assessment Form

Please complete this page if you are a Mature Applicant (over 23 years).

I authorise the release of information outlined below for the purposes of assessing a 1916 Bursary application for the above named applicant.

Parent 1/Guardian 1

Parent/Guardian

Signature : _____

Signature: _____

Parents/Guardians - Socio-Economic Background	
Applicant and Spouse/civil partner/co-habitant (If applicable) Full Name :	
Parent/Guardian 1 Name:	Parent/Guardian 2 Name:
Parent(s)/Guardian(s) Current Job Title(s) (or their most recent job title if they are not currently working). In all cases describe the occupation fully and precisely giving the full job title, such as Office Administrator (do not use Administrator), Retail Store Manager (do not use Manager), Electrical Engineer (do not use Engineer), Construction Labourer (do not use Construction) etc	
Parent/Guardian 1:	Parent/Guardian 2:
Parent(s)/Guardian(s) please indicate which option best applies to you: Tick one box only in each column:	
<p>Parent/Guardian 1</p> <p><input type="checkbox"/> Working for payment or Profit</p> <p><input type="checkbox"/> Never Worked</p> <p><input type="checkbox"/> Currently Unemployed</p> <p><input type="checkbox"/> Looking after home/family</p> <p><input type="checkbox"/> Retired from employment</p> <p><input type="checkbox"/> Unable to work due to permanent sickness or disability</p> <p><input type="checkbox"/> Deceased</p> <p><input type="checkbox"/> No contact whatsoever</p>	<p>Parent/Guardian 2</p> <p><input type="checkbox"/> Working for payment or Profit</p> <p><input type="checkbox"/> Never Worked</p> <p><input type="checkbox"/> Currently Unemployed</p> <p><input type="checkbox"/> Looking after home/family</p> <p><input type="checkbox"/> Retired from employment</p> <p><input type="checkbox"/> Unable to work due to permanent sickness or disability</p> <p><input type="checkbox"/> Deceased</p> <p><input type="checkbox"/> No contact whatsoever</p>
Parent(s)/Guardian(s) Current or Most Recent Type of Employment: Tick one box only for each parent/guardian:	
<p>Parent/Guardian 1</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self Employed</p> <p><input type="checkbox"/> Self Employed (including farmer) with Paid Employees</p> <p><input type="checkbox"/> Never Worked</p>	<p>Parent/Guardian 2</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Self Employed (including farmer)</p> <p><input type="checkbox"/> Self Employed (including farmer) with Paid Employees</p> <p><input type="checkbox"/> Never Worked</p>

Section 6. 1916 Bursary Application Form Privacy Notice

Data Controller Name: Institute of Technology, Blanchardstown

Address: Blanchardstown Road North, Dublin 15

Telephone: +353-1-885-1000

Data Protection Officer Contact: Bronagh Elliott

Telephone: +353-1-885-1041

Email: foi@itb.ie

Why are you processing my personal data?

- For the processing of the 1916 PATH 2 Bursary Application
- Statistical purposes (anonymised data only)

What categories of personal data are you processing?

- Name, Address/Eircode, Student Number, Contact Details, Course Details, Nationality, Country of Birth.
- General information on how access to third level was gained.
- Personal information about family circumstances and reasons for applying for the bursary.
- General income information of applicants and/or Spouse/Civil Partner/Co-habitant/parents/guardians, and information about any scholarships or bursaries obtained (Confidential Information).
- Ethnicity information (Sensitive Personal Data).
- Financial information (Confidential Information).

Where do you get my personal data from?

- The 1916 PATH 2 Bursary Application Form.

Do you share my personal data with anyone else?

- Forms are shared with our TU Dublin Cluster partners and an external assessor for the purpose of assessment.

Do you transfer my personal data to other countries?

- No

How long do you keep my personal data?

- We will only retain your data in line with our Data Retention Policy.

Section 7. 1916 Bursary Application Form

Privacy Notice

What Rights do I have?

- You have the right to obtain confirmation that your data is being processed, and access to your personal data.
- You are entitled to have personal data rectified if it is inaccurate or incomplete.
- You have a right to have personal data erased and to prevent processing in specific circumstances.
- You have the right to 'block' or suppress processing of personal data in specific circumstances.
- You have the right to data portability in specific circumstances.
- You have the right to object to the processing of your data in specific circumstances.
- You have rights in relation to automated decision making and profiling .

You should refer to ITB's website for further information on your rights:

- <http://www.itb.ie/aboutitb/dataprotectionpolicy.html>

How do I complain if I am not happy?

- If you are unhappy with how any aspect of this privacy notice, or how your personal information is being processed, please contact our Data Protection Officer by email at foi@itb.ie

If I am still not happy?

- You have the right to lodge a complaint with the Office of the Data Protection Commissioner, Canal House, Station Road, Portarlington, Co.Laois, or on the website www.dataprotection.ie.

Section 7. Declaration:

7a. I have read and I accept the Data Protection Privacy Notice:

Yes

No (If you tick this box, you are withdrawing from the application process)

Please read each statement below carefully and declare that you agree to the terms and conditions of the bursary:

7b.

I confirm that the information supplied in this application is accurate and complete

I agree to provide additional information if required.

I confirm that the information I provided is accurate and correct:

APPLICANT'S NAME:

Signature:

Date:

Please return application form no later that 5pm, Friday, October 12th to:

1916 Bursary Application
Bob O Mhurcu
F-015, Block F
Institute of Technology, Blanchardstown
Blanchardstown Road North, Dublin 15

Late applications will not be accepted under any circumstances.

If you require any further information please contact us at bob.omhurcu@itb.ie or you may contact Bob O Mhurcu on 01 885 1022.

Section 8: Checklist

Please complete the document checklist below before submitting your application. Please note that we cannot accept any late documentation.

Applicant under 23 years on 1st January 2018	Document required	Included
One Parent Family [Lone Parent]	Proof of <u>your</u> one parent family payment (means tested social welfare payment)/tax credits for 2017.	<input type="checkbox"/> YES <input type="checkbox"/> No
Member of the Irish Travelling Community	Letter from a Traveller Advocacy Group confirming status i.e. Pavee Point.	<input type="checkbox"/> YES <input type="checkbox"/> No
In the Care of the State/TUSLA	Letter from Social/Aftercare Worker on TUSLA headed paper.	<input type="checkbox"/> YES <input type="checkbox"/> No
Person with a disability	If you are eligible for DARE please include a copy of your eligibility correspondence otherwise please provide supporting documentation to verify disability. See www.accesscollege.ie/dare	<input type="checkbox"/> YES <input type="checkbox"/> No
Ethnic Minority	A copy of your passport or GNIB card.	<input type="checkbox"/> YES <input type="checkbox"/> No
Under-Represented Socio-economic group	Page 6 of the application form.	<input type="checkbox"/> YES <input type="checkbox"/> No
Income Threshold below 23,500 Euro in 2017. (under 23)	P21 for 2017 for both parents/guardian or Social Welfare Statement (pages 4 and 5 of the application form) <u>or</u> Susi letter confirming in receipt of Special Rate of maintenance grant in 2018/19	<input type="checkbox"/> YES <input type="checkbox"/> No
Income Threshold below 23,500 Euro in 2017 (Mature Student)	Your own P21 and your spouse/civil partner/co-habitant (If applicable) or Social Welfare Statement (pages 4 and 5 of the application form) <u>or</u> Susi letter confirming in receipt of 100% maintenance grant in 2018/19	<input type="checkbox"/> YES <input type="checkbox"/> No
Means tested Social Welfare Payment	Statement of payments from your local social welfare office covering 2017 for your parent/guardian. See page 4 and 5 of the application form.	<input type="checkbox"/> YES <input type="checkbox"/> No
A valid medical/GP visit card for you or your parent/guardian in 2017	A copy of the valid medical/GP visit card.	<input type="checkbox"/> YES <input type="checkbox"/> No