



**etb**

Bord Oideachais agus Oiliúna  
an Chabháin agus Mhuineacháin  
*Cavan and Monaghan  
Education and Training Board*

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

### APPLICATION FORM

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

**Closing Date for Applications: Friday 4<sup>th</sup> August 2017**



Ireland's EU Structural and Investment  
Funds Programmes 2014-2020.

Co-funded by the Irish Government  
and the European Union.

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

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 Cavan & Monaghan ETB to contact your local Social Welfare Office to complete this section, only if you are shortlisted as a VTOS candidate:

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

*OFFICIAL USE ONLY*

**V.T.O.S**

*Note: (You do not need to approach your Local DSP office this will be done by your VTOS Department)*

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

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

# 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.

**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**

**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)**

- CETS will be available for Childcare Assistance to those successful in securing a VTOS position.
- 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.**
- **Please note your VTOS department will only contact your local Social Welfare Office, if you have been shortlisted as a VTOS candidate to complete page 3 of this form.**

**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, AEGIS, Cavan and Monaghan ETB, Adult Education Service, Church View Square, Cavan, Co Cavan. Telephone 049-4361881*

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