

PLEASE RETURN TO:

APPLICATION FORM

What do I need to complete my HEAR application?

To complete this form you need:

- HEAR Application Guide
- Black Pen
- Information from your parents/guardians
- Your PPS Number
- Your CAO Number

What is the closing date for the HEAR application?

The closing date is **1 February 2009 at 5:00 pm.**

1 February 2009 is a Sunday. We will accept hand delivered applications until **5:00 pm on Friday, 30 January 2009.**

If you post your application, it must arrive by **first post on Monday, 2 February 2009.**

You will need to submit financial documents relating to your parents'/guardians' income to support your HEAR application. The deadline for submitting these documents is **3 April 2009 at 5:00 pm.**

Photocopy your completed application form and all documents sent for your own records.
Keep proof of postage or a stamp from your link institution.
Late applications are not accepted.
Your link institution is listed in the top right hand corner.

HEAR 2009

CLOSING DATES

Application Form

No later than 5:00pm, 1 February 2009

Financial Documentation

Form 1, Form 2 and all relevant documentation

No later than 5:00pm, 3 April 2009

CHECKLIST

Did you submit your application form before 5:00 pm on 1 February 2009?

 YES

Have your parents/guardians contacted the Revenue Office for their P21 or Notice of Assessment?*

 YES

Have you brought the Medical/GP Visit Card Form 1 to the HSE Local Health Office to be completed?*

 YES

Have your parents/guardians brought the Social Welfare Form 2 to your Local Social Welfare Office to be completed?*

 YES

Have you sent the financial documents and medical card form to your link institution before 5:00 pm on 3 April 2009?

 YES

*You may not need to submit all of the above, please refer to the guide for instructions.

PART 1 ABOUT YOU

Don't leave any section incomplete and refer to the hear application guide if you have any questions.

Make sure you complete all sections clearly and accurately.

| | | | | | | | |
|--------------------------|------------------------------------|--------------------------------|------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Surname: | | | | | | | |
| First Name: | | | | | | | |
| Date of Birth: | <input type="text" value="D"/> | <input type="text" value="D"/> | <input type="text" value="M"/> | <input type="text" value="M"/> | <input type="text" value="Y"/> | <input type="text" value="Y"/> | <input type="text" value="Y"/> |
| Gender: | <input type="checkbox" value="M"/> | | <input type="checkbox" value="F"/> | | | | |
| Country of Birth: | | | | | | | |
| Nationality: | | | | | | | |
| PPS Number: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CAO Number: | <input type="text" value="0"/> | <input type="text" value="9"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | Home Address: | Correspondence Address: (Until Sept. 2009, if different) |
|---------------------------|----------------------|--|
| House Name: | | |
| House Number: | | |
| Address 1: | | |
| Address 2: | | |
| Address 3: | | |
| Address 4: | | |
| Locality or Town: | | |
| Postcode: | | |
| County: | | |
| Home Phone: | | |
| Your Mobile Phone: | | |
| Email Address: | | |

| | | |
|---------------------|------------|---------------|
| FOR OFFICE USE ONLY | Access No. | Date Received |
| | | |

HEAR 2009

PART 2 ABOUT YOUR SCHOOL

What secondary school do/did you attend?

Name of School:

Have you gone to the same secondary school since 1st year? YES NO

If No, please list the other secondary schools you have attended and tell us when you were a student there:

Name of School: Date Attended:

Name of School: Date Attended:

PART 3 ABOUT YOUR FAMILY

Please list all of your family members including your parents/guardians and indicate if any of them are currently attending further or higher education.

| Name | Relationship to you | Are they over 18? | Are they in further or higher education? | Where are they studying? (Name of institution) | Is it a full time or part time course? |
|-------|---------------------|--|--|--|---|
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> FULL <input type="checkbox"/> PART |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> FULL <input type="checkbox"/> PART |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> FULL <input type="checkbox"/> PART |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> FULL <input type="checkbox"/> PART |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> FULL <input type="checkbox"/> PART |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> FULL <input type="checkbox"/> PART |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> FULL <input type="checkbox"/> PART |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> FULL <input type="checkbox"/> PART |

PART4 ABOUT YOUR MEDICAL/GP VISIT CARD

Do you have a current Medical Card or GP Visit Card or are you dependent on a parent/guardian who holds a current Medical Card or GP Visit card?

YES

NO

If yes, please take Form 1 (IT CAN BE FOUND AFTER PAGE 10) to your HSE Local Health Office (office that issued the card) for completion.

Form 1 must be returned to Access Office before 5:00pm on 3 April 2009.

Please note your medical card must be in date on 3 April 2009.

PART5 ABOUT YOUR PARENTS'/GUARDIANS' SOCIAL WELFARE PAYMENTS

Do your parents/guardians receive any social welfare payments?

YES

NO

If yes, please take Form 2 (IT CAN BE FOUND AFTER PAGE 10) to your local Social Welfare Office for completion.

Form 2 must be returned to your link institution before 5:00pm on 3 April 2009.

PART 6 ABOUT YOUR PARENTS'/GUARDIANS' FINANCES

This part deals with your parents'/guardians' financial details.

You will not be able to complete this part without information from your parents/guardians.

Please use the table below to list the total amount of income your parents/guardians received in the year ending 31 December 2008.

Depending on the type of income your parents/guardians receive, they will need to submit financial documents. Please check the table and for a full list of financial documents required refer to pages 13-14 in the HEAR Application Guide.

If your parents/guardians received income from more than one source make sure to list all income received in 2008, e.g. income from social welfare and income from a job.

| Type of Income | Mother | Father | Guardian | Financial Documents Required |
|---|--------------------|--------------------|--------------------|--|
| Amount of Income from Employment (PAYE salary, wages, fees, etc.) | € | € | € | P21 for 2008 |
| Amount of Income from Self-Employment | € | € | € | Notice of Assessment for 2007 |
| Amount of Income from Land (profit from farming activities or rental properties) | € | € | € | Notice of Assessment for 2007 |
| Amount of Income from other sources (Maintenance Agreements, Separation Agreements, Divorce Agreements) | € | € | € | Relevant evidence such as the maintenance agreement that details payment amounts |
| Amount Received from Department of Social & Family Affairs (Social Assistance &/ or Social Insurance payments received) | € | € | € | Form 2 |
| Total amount of income received year end 31/12/2008 | € (TOTAL) | € (TOTAL) | € (TOTAL) | |

PART 7 ABOUT YOUR PARENTS’/GUARDIANS’ JOBS

This part deals with your parents’/guardians’ occupations and employment history.

Please get their help to complete Part 7.

What is your parents’/guardians’ employment status right now?

Only tick one box per parent/guardian.

| Mother/Guardian | TICK | Father/Guardian | TICK |
|--|------------------------------|--|------------------------------|
| Working for payment or profit | <input type="checkbox"/> YES | Working for payment or profit | <input type="checkbox"/> YES |
| Unemployed | <input type="checkbox"/> YES | Unemployed | <input type="checkbox"/> YES |
| Looking after home/family | <input type="checkbox"/> YES | Looking after home/family | <input type="checkbox"/> YES |
| Unable to work due to permanent sickness or disability | <input type="checkbox"/> YES | Unable to work due to permanent sickness or disability | <input type="checkbox"/> YES |
| Deceased | <input type="checkbox"/> YES | Deceased | <input type="checkbox"/> YES |
| No contact with Mother | <input type="checkbox"/> YES | No contact with Father | <input type="checkbox"/> YES |
| Other, (WRITE IN): | <input type="checkbox"/> YES | Other, (WRITE IN): | <input type="checkbox"/> YES |

CONTINUED ON THE NEXT PAGE 

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The next section deals with your parents'/guardians' job titles. It is very important that you use precise terms to describe their jobs.

If your parent/guardian is a civil servant or local government employee, make sure to state their grade, e.g. Clerical Officer, Executive Officer.

If you parent/guardian is a member of the Gardai or Army, make sure to state the rank, e.g. Garda Lieutenant or Army Corporal.

Your Mother's/Guardian's Information

What is your Mother's/Guardian's main job?

.....
Make sure to use precise terms such as Retail Store Manager rather than Manager.

If your Mother/Guardian is not working right now, what was the title of her last job?

.....
Make sure to use precise terms such as Receptionist rather than Administrator.

In your Mother's/Guardian's current or most recent job, please tick whether she is/was an:

Employee

 YES

Self-Employed (including farmer)

 YES

Self-Employed (including farmer) with paid employees

 YES

Your Father's/Guardian's Information

What is your Father's/Guardian's main job?

.....
Make sure to use precise terms such as Satellite Cable Installer rather than Technician.

If your Father/Guardian is not working right now, what was the title of her last job?

.....
Make sure to use precise terms such as Telephone Network Engineer rather than Engineer.

In your Father's/Guardian's current or most recent job, please tick whether she is/was an:

Employee

 YES

Self-Employed (including farmer)

 YES

Self-Employed (including farmer) with paid employees

 YES

Do your parents own a Farm?

 YES

 NO

If Yes, please specify below what is the size of the farm they own.

200 Acres or over

 YES

100-199 Acres

 YES

50-99 Acres

 YES

30-49 Acres

 YES

Under 30 Acres

 YES

PART 8 YOUR DECLARATION

Declaration:

If you agree with all statements listed below please tick all boxes and sign your name.

Unsigned applications are considered incomplete.

| | |
|--|------------------------------|
| <p>Declaration: If you agree with all statements listed below please tick all boxes and sign your name. Unsigned applications are considered incomplete.</p> | |
| I certify that the information supplied in this application form is correct and complete. | <input type="checkbox"/> YES |
| I agree that the details on and accompanying my application can be forwarded to the other HEAR institutions listed on my CAO application. | <input type="checkbox"/> YES |
| I agree that HEAR institutions may check my CAO course choices and CAO Change of Mind in order to process my application. | <input type="checkbox"/> YES |
| I agree that my financial details and supporting documents may be reviewed by an independent financial advisor and they will be treated confidentially. | <input type="checkbox"/> YES |
| I understand that if I have misrepresented myself or given false declaration I will be ineligible for HEAR. | <input type="checkbox"/> YES |
| I understand that some details on my application will be used for research purposes, but my name will never be used. | <input type="checkbox"/> YES |
| <p>Signature of Applicant: Date: / / 2009</p> | |

FORM 1 Medical Card/GP Visit Card Form

If you have a Medical Card or GP Visit Card, or are dependent on a parent/guardian who holds a Medical Card or GP Visit card, the issuing HSE Local Health Office must complete this form.

Your Medical/GP Visit Cards must be **valid as of 3 April 2009** to be considered for HEAR.

We will not consider out of date or pending Medical/GP Visit Cards.

Part 1: HEAR Applicant Details

Please fill in Part 1 and bring form to your issuing HSE Local Health Office to be stamped.
Please print clearly in block capital letters

What is your name?

What is your date of birth? / /

What is your PPS number?

What is your CAO number? 0 9

What is your telephone number?

| | | |
|---|---|--|
| Name of Card Holder | | |
| Medical Card or GP Visit Card | <input type="checkbox"/> Medical Card | <input type="checkbox"/> GP Visit Card |
| Name of issuing HSE Local Health Office | | |
| Card/GMS Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Expiry Date | MM <input type="text"/> <input type="text"/> | YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Card Holder's Signature | By signing here you give the HSE permission to confirm the information above is correct. | |

Part 2: To be completed by HSE Local Health Office Only

Declaration: I certify that the Medical/GP Visit Card information above is true and correct and that the applicant holds or is a dependant on a parent/guardian who holds a valid Medical/GP Visit Card on the 3rd April 2009.

| | | |
|------------------------------------|------------------|---------------------------|
| Signed for HSE Local Health Office | Signature & Date | HSE Office Official Stamp |
| | | |
| Position in Organisation | Telephone Number | |
| | | |

FORM 2 Social Welfare Form

Part 1: HEAR Applicant Details

Please fill in Part 1 and bring form to your local Social Welfare Office to complete Part 2.
Please print clearly in block capital letters

What is your name?

What is your date of birth? / /

What is your PPS number?

What is your CAO number? 0 9

What is your telephone number?

Part 2: To be completed by Social Welfare Office Only

Please provide social welfare information for the parents/guardians of the above applicant.

Use table to indicate exact payment received. Payees must be in receipt of at least one of the below payments for 26 weeks (continuous) in 2008.
Provide total amount received for year ended 31/12/2008
Please write clearly in Block Capital Letters

Full Name of Payee 1:

.....

Payee's Relationship to HEAR applicant:

Mother

Father

Guardian

Full Name of Payee 2:

.....

Payee's Relationship to HEAR applicant:

Mother

Father

Guardian



Social Welfare Payment(s) Received Year End 31/12/2008. Please tick all payments that apply.

| Payment Name | Payee 1 (please tick) | From/ | To | Payee 2 (please tick) | From/ | To |
|--|--------------------------|----------|----------|--------------------------|----------|----------|
| State Pension Non-Contributory | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Carer's Allowance | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| One-Parent Family Payment | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Widow/er's (Non-Contributory) Pension | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Jobseeker's Allowance | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Pre-Retirement Allowance | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Farm Assist | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Blind Pension | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Disability Allowance | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Family Income Supplement | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Supplementary Welfare Allowance | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Back to Education Allowance | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Back to Work Allowance Employee | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Back to Work Enterprise Allowance Self Employed Year 1 | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Back to Work Enterprise Allowance Self Employed Year 2-4 | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Deserted Wife's Allowance | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Guardian's Payment (Non-Contributory) | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Part-Time Job Incentive Scheme | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Prisoner's Wife's Allowance | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Social Insurance Payment, please name: | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Social Insurance Payment, please name: | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |
| Social Insurance Payment, please name: | <input type="checkbox"/> | __/__/08 | __/__/08 | <input type="checkbox"/> | __/__/08 | __/__/08 |

Payee 1 total amount received year ending 31/12/2008: €

Payee 2 total amount received year ending 31/12/2008: €

Declaration: I certify that information supplied is correct.

| | | |
|-----------------------------------|---------------------------|---------------------|
| Signature & Date | | DSFA Stamp |
| Position in Organisation | Telephone Number | |