

## Access DCU Supports - Overview

### What is Access DCU Supports?

It is a support scheme for school leavers from socio-economically disadvantaged backgrounds applying for courses in DCU. To be eligible to apply, you must be under 23 on 1 Jan 2010 and must have completed an Irish Leaving Certificate.

### How are Access DCU Supports Applications Assessed?

Applications are assessed on a number of financial, cultural and social conditions known as Indicators. The Indicators are described below, you must meet Indicator 1 plus at least two other Indicators to be eligible for Access DCU Supports.

#### Indicator (condition)

##### 1 Low income

The total income – before tax and PRSI – of your parent(s)/guardian(s)/spouse (for the year ending 31 December 2008 if self employed or 31 December 2009 if an employee) is below the Threshold detailed below.

##### 2 Medical card

You or your parent(s)/guardian(s)/spouse had a valid medical card or GP visit card on 31 December 2009.

##### 3 Social welfare payment

In the year ending 31 December 2009, your parent(s)/guardian(s)/spouse received a means-tested payment from the Department of Social and Family Affairs for at least 26 weeks in a row.

##### 4 Socio-economic grouping

You belong to a group that is under-represented in higher education, based on the occupation and employment status of your parent(s)/guardian(s). The grouping includes non-manual, semi-skilled and unskilled manual workers and agricultural workers.

### What is the Access DCU Income Threshold?

Please use below table to calculate if your family income before tax and PRSI is below the Access DCU Income Threshold.

Number of dependent children* in your family	Access DCU Supports Income Threshold
Less than 4	€51,380
4-7	€56,460
More than 8	€61,295
Add €4,600 for every sibling/parent enrolled in a full time college, university or post leaving certificate further education course.	
* A dependent child is a child under the age of 16 years on 1 October 2009, or over 16 years and attending a full time educational institution or medically certified as permanently unfit for work	

### What is the closing date?

You must submit your application form and all supporting documentation by 16 April 2010. Applications and supporting documents received after this date will not be considered. Post all documents to Edel McCarron, Access Service, LG16 Computer Applications Building, DCU, D9.

### Who can I contact if I have any questions?

Please contact Edel McCarron 01 7006040 / edel.mccarron@dcu.ie regarding any queries.

# Access DCU Supports Application Guide

## 1) Your Personal Details

- Write your date of birth in Day/Month/Year format.
- Your PPS Number can be found on tax documents and it is often on correspondence from a social welfare or tax office.
- Your CAO number has been sent by email/text to you by the CAO.
- You will find the official name of your school on your school journal.

## 2) Your Address and Contact Details

- Some addresses don't have a Name/Number/Postcode, if your address does not have a Name/Number/Postcode please leave those sections blank.
- Ensure the email address provided is an active email as we will use it for correspondence.

## 3) Your Family's Dependents

- Remember, a dependent child is a child under the age of 16 years on 1 October 2009, or over 16 years and attending a full time educational institution or medically certified as permanently unfit for work.
- Make sure you include all children under the age of 5.
- Don't forget to include yourself as a dependent.

## 4) Your Parent(s)/Guardian(s)/Spouse Currently in Education

- If your parent(s)/guardian(s)/spouse is currently in full time Further or Higher Education please fill in the details here.
- If they are not in full time Further or Higher Education please leave this section blank.

## 5) Your Family Status

- Please select the option that best describes your family status.
- If the options available do not suit your current situation, please contact us on 01 7006040.

## 6) Your Parent(s) / Guardian (s) / Spouse Employment Status

### A) Employment Status

- Please be very precise when describing your parent(s)/guardian(s)/spouse current employment status.
- Only select "No Contact whatsoever" if you have never had any contact with your parent/guardian.
- Only select "Never Worked" if your parent/guardian/spouse has never had a job.
- Select "Working for Payment or Profit" if your parent/guardian/spouse is, an employee, self-employed, working as part of a FAS or Community Employment scheme.

### B) Job Title & Type of Employment

- The Job title section is to be completed based on your **parent(s)/guardian(s) details only**. You must enter details for your parent(s)/guardian(s) in this section even if you are no longer in contact with them or dependant on them. Do not enter your spouse's details.
- If your parent(s)/guardian(s) have never worked please do not complete section 6 B.
- If you parent(s)/guardian(s) are not working at present please give details of the last job they had.
- Please look at your parent(s)/guardian(s) employment contract for their precise job title.
- If you parent(s)/guardian(s) is in a CE or FAS scheme, please enter CE or FAS scheme worker.

## **Access DCU Supports Application Guide**

### **7) Your Family Financial Circumstances**

- We need to calculate your total family income. Please indicate who contributes to your family income.
- For each question you answer “Yes” to, you will have to provide supporting financial documents, these documents are explained on Pages 5-9.
- If you are in the care of the HSE or a Foster Child this section may not apply to you.
- If you have a different family income other than that outlined in the table please contact us on 01 7006040.
- You must submit all financial documents by 16 April 2010 to Edel McCarron, Access Service, LG 16 Computer Applications Building, DCU, D9.
- Keep a photocopy and proof of postage of all documents submitted.

### **8) Your Family Medical Card / GP Visit Card**

- If you or your parent(s)/guardians(s)/spouse have a medical card or GP visit card that was in date on 31 December 2009, select “Yes” in this section. You must provide evidence of this, please see instructions on Page 4.
- Cards that were out of date or pending on 31 December 2009 will not be accepted.

### **9) Your Additional Details**

- In 100-300 words please provide any additional relevant information that you feel may support your application to Access DCU Supports.
- If you require additional paper please ensure you put your Name/Date of Birth/ CAO Number and PPS number on all documents prior to posting.

### **10) Your Access Support Options**

You can only choose **ONE** type of Access Support - you will only be eligible to compete for **ONE** type of Access Support

#### **A) Subsidised Accommodation & Access supports**

- You must live beyond a commuting distance to DCU to qualify for this support.
- You must achieve your own offer to DCU through the CAO.
- If you select this support option, you will compete for a number of 100% subsidised and 50% subsidised accommodation places in DCU Campus accommodation. You must complete the online application form to be registered with DCU Campus Residence, this can be found at [www.roomsatdcu.com](http://www.roomsatdcu.com).
- A deposit of approx 630 Euro will be required before taking up a room.
- You will be entitled to this accommodation for the duration of your studies in DCU, excluding work placement or time spent abroad as part of your degree.
- You will also receive academic, social and personal supports for the duration of your degree.

#### **B) Reduced point entry with financial scholarship & Access supports**

- If you select this option you will compete for a number of reduced points places on courses in DCU.
- You will also receive academic, social, personal and financial supports for the duration of your degree.
- Financial supports will vary depending on need.

### **11) Your Declaration**

- You must read all statements carefully and declare that you agree to them all.
- If you do not agree to all statements, you will not be eligible for Access DCU Supports.



# Income from Employment/Land/Property

If your parent(s)/guardian(s) received income from employment in year ending 31 December 2009 or income from self-employment, land, farming or rental properties in year ending 31 December 2008, you must:

Use table below to find out what documents you need to request from the Revenue Commissioner.

Request financial documents early as it can take up to 8 weeks to issue documents.

Supply documents for both parents/guardians where applicable. If your parents/guardians are jointly assessed one document is sufficient

Type of Income	Documents Required
My Parent(s)/Guardian(s)/Spouse was an employee(s) in 2009	P21 for 2009
My Parent/Guardian/Spouse was: self-employed in 2008 received income from land, farming or rental properties in 2008	Notice of Assessment for 2008
Both Parents/Guardians were working in 2009. One was self-employed and the other was an employee.	Notice of Assessment for 2008 if jointly assessed or P21 2009 & Notice of Assessment for 2008 if separately assessed
My Parent/Guardian/Spouse received income from outside the Republic of Ireland in 2009	Contact a DCU Access Service for instructions on what supporting documentation you need to supply.

Submit all pages including front/back and blank pages. P21s or Notices of Assessment missing pages will not be accepted.

In all correspondence please quote:  
District: xxx  
Unit: xxx  
PPS No.: xxx xxx  
Notice No.: xxx

Revenue Service  
Office of the Revenue Commissioner  
22nd Floor, Custom House  
22, St. Michael's Street  
Dublin 1, D02 YX12

Mr. A. O'SHEA  
10 SHANNON DRIVE  
THORNHILL  
DUBLIN 15

Revenue 1800 444444  
01 856 5000

**Amended** Paye Balancing Statement (P21) For The Tax Year: 2008

Income: (See Panel 1 overleaf for a breakdown)

Less: Deductions: (See Panel 3 overleaf for a breakdown)

Taxable Income:

Charged as follows:

20% -

41% -

Tax Due:

Plus: Tax Retained by you: (See Panel 6 overleaf for a breakdown) 600

Adjustments: (See Panel 7B overleaf for a breakdown) 600

Gross Tax Payable:

Less: Tax Credits: (See Panel 4 overleaf for a breakdown)

Taxia Deducted: (See Panel 5 overleaf for a breakdown)

Reliefs: (See Panel 6 overleaf for a breakdown)

Adjustments: (See Panel 7A overleaf for a breakdown)

Final Result: Overpayment

Treatment of Result:

A cheque for € will issue to you

Sample 2009 P21

NOTICE OF ASSESSMENT  
FOR THE YEAR ENDING 31 DECEMBER 2007

Page: 1 of 4

Panel 1 ASSESSMENTS TO INCOME TAX UNDER SCHEDULES D, E AND/OR F

Sch

D Profit from letting Premises-Self

D Profit from letting Premises-Spouse

E Emoluments-Self

E Emoluments-Spouse

TOTAL

Panel 2 CAPITAL ALLOWANCES/LOSSES

Panel 3 PERSONAL ALLOWANCES/RELIEFS AND DEDUCTIONS

Health Expense

TOTAL

Panel 4 TOTAL PAYMENTS MADE UNDER DEDUCTION OF TAX IRISH EFFECTIVE RATE

Panel 5 CREDITS/RELIEFS SET AGAINST TAX ON INCOME

Personal Credit

PAYE Credit

TOTAL

Panel 6 PRS/LEVIES SELF

Panel 7 PRS/LEVIES SPOUSE

Panel 8 OTHER CREDITS/RELIEFS

Sample 2008 Notice of Assessment

# Income from Social Welfare D/SFA

If you or your parent(s)/guardian(s)/spouse received income from the Department of Social and Family Affairs (D/SFA) in year ending 31 December 2009, you must:

- ☒ Download & print D/SFA Form (Attached to your Access DCU Supports Application)
- ☒ This is a two page form. Your parent(s)/guardians(s)/spouse complete Part 1 and you complete Part 3.
- ☒ Ask your local Social Welfare Office to complete Part 2 and sign and stamp your D/SFA Form.

You can find your local Social Welfare Office at [www.welfare.ie](http://www.welfare.ie) or LoCall 1890 662244

**Request for Information**  
from the Department of Social & Family Affairs

Part 1: To be completed by Applicant's Parent(s)/Guardian(s)/Spouse

I authorise the release of information outlined below for the purposes of assessing a DCU Access application.

\_\_\_\_\_

Mother/Guardian/Spouse's Signature                      Father/Guardian/Spouse's Signature

\_\_\_\_\_

Part 2: To be completed by your Local Social Welfare Office (D/SFA)

DCU Access Service run a scheme for students from socio-economically disadvantaged backgrounds. School leavers who present satisfactory evidence relating to their socio-economic circumstances and satisfy academic requirements are eligible to compete for a quota of places allocated on a reduced leaving certificate points/subsidised accommodation basis.

To facilitate applicants in submitting required evidence, the Department of Social and Family Affairs is requested to provide TWO pieces of information in respect of the person(s) named above:

1. Was the parent/guardian/spouse in receipt of a means-tested (social assistance) payment(s) for at least 26 continuous weeks in 2009?
2. What was the total (excluding child benefit, early childcare supplement and supplements paid under SWA scheme) social welfare income received by the parent(s)/guardian(s)/spouse in 2009?

Applicants must submit this information in relation to BOTH parents/guardians where applicable.

Please be advised that certification cannot be accepted unless it is both signed and stamped by a D/SFA official. Failure to submit appropriately verified information will result in the applicant being ineligible.

☒  
1/2

# Separated/Divorced Parents/Guardians

If your parents/guardians are separated/divorced, you must:

- Use table below to find out what documents you need to submit.

Documents Required	Separation Type
My parents/guardians are legally separated/divorced	A copy of Separation/Divorce Agreement detailing: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Date of Separation</li> <li><input checked="" type="checkbox"/> Amount of monthly maintenance received in year ending 31 December 2009 (if any)</li> </ul>
My parents/guardians are not legally separated/divorced	An affidavit from a solicitor or Commissioner of Oaths detailing: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Date of Separation</li> <li><input checked="" type="checkbox"/> Amount of monthly maintenance received in year ending 31 December 2009 (if any)</li> </ul>

An affidavit is a sworn statement verified by a solicitor or Commissioner of Oaths.

**Maintenance Payment Affidavit**

**To be completed by Separated / Divorced Parent:**

Re: \_\_\_\_\_  
Applicant
CAO Number
PPS Number

**Part 1**

I \_\_\_\_\_, am currently separated/divorced from my spouse since \_\_\_\_\_ (dd/mm/yyyy).

**Income:**

In year ending 31 December 2009, I received € \_\_\_\_\_ in maintenance per month from my former spouse.

In year ending 31 December 2009, I received no maintenance from my former spouse.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Commissioner of Oaths

\_\_\_\_\_  
Date

Official Stamp

Contact details for a local Commissioner of Oaths can be found at your nearest Garda Station.

# Lump Sum Redundancy/Retirement Payments

If your parent(s)/guardian(s)/spouse retired or were made redundant in 2009 and were given a lump sum payment on retirement/redundancy, you must:

- Use the table below to find out what documents you need to submit.
- Request documents early.
- Supply documents for both parents/guardians where applicable.

Retirement/Redundancy Instructions	Documents Required
My parent(s)/guardian(s)/spouse was made redundant in 2009 and received a lump sum on redundancy	A copy of Form RP50 Notification of Redundancy <input checked="" type="checkbox"/> Your parent(s)/guardian(s)/Spouse will have received form RP50 from their former employer
My parent(s)/guardian(s)/spouse retired in 2009 and received a lump sum payment on retirement	A letter from parent(s)/guardian(s)/spouse' last employer and/or body administering pension showing: <input checked="" type="checkbox"/> Date employment ceased <input checked="" type="checkbox"/> Gross Amount of Lump Sum received in year ending 31 December 2009 <input checked="" type="checkbox"/> Number of years in that employment <input checked="" type="checkbox"/> Gross Annual Pension

### Sample Form RP50

**Redundancy Payments Acts 1967 – 2007**  
RP50

**(A) NOTIFICATION OF REDUNDANCY**

See overleaf for instructions on how to complete this form and for terms and conditions.  
 N.B. You may submit your claim on-line at the following web address: <http://www.rpsocial.ie>  
 On-line claims are processed quicker as they are automatically validated and recorded on our system.

<p><b>Employer PAYE No.:</b> *</p> <p><b>Employer Registered Name:</b> *</p> <p><b>Trading Name:</b> (if different from above)</p> <p><b>Registered Address:</b> *</p> <p>County: *                      Post Code:</p> <p><b>Contact Name:</b> *</p> <p><b>Contact Telephone No.:</b> *</p> <p><b>E-mail address:</b></p> <p><b>Date of Date of Termination:</b> *</p> <p><b>Proposed Date of Termination:</b> *</p> <p><b>Payee Address:</b> * (if different from above)</p> <p>County: *                      Post Code:</p> <p><b>Employer Signature:</b> *</p> <p><b>Role of Signee:</b> *</p>	<p><b>Claim No.:</b> <small>(office use only)</small></p> <p><b>Employee PPS No.:</b> *</p> <p><b>Employee Surname:</b> *</p> <p><b>Employee First Name:</b> *</p> <p><b>Address:</b> *</p> <p>County: *                      Post Code:</p> <p><b>Contact Telephone No.:</b> *</p> <p><b>Date of Birth:</b> *</p> <p><b>Gender:</b> *                      <input type="checkbox"/> Male                      <input type="checkbox"/> Female</p> <p><b>Administrator Details (if applicable)</b></p> <p><b>Administrator PAYE No.:</b></p> <p><b>Company Name:</b></p> <p><b>Address:</b></p> <p>County:                      Post Code:</p> <p><b>Contact Name:</b></p> <p><b>Contact Telephone No.:</b></p> <p><b>E-mail Address:</b></p>
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**(B) CLAIM FOR REDUNDANCY PAYMENT FROM THE SOCIAL INSURANCE FUND**

<p><b>EMPLOYER REBATE CLAIM</b> <input type="checkbox"/> Please choose</p> <p><b>Employment Address:</b> (if different from above)</p> <p>County:                      Post Code:</p> <p><b>Business Sector:</b> *</p> <p><b>Weekly Hours:</b> *                      <b>PRSI Class:</b> *</p> <p><b>Gross Weekly Wage:</b> *</p>	<p><b>EMPLOYEE LUMP SUM CLAIM</b> <input type="checkbox"/></p> <p><b>Date of Commencement of Employment:</b> *</p> <p><b>Date of Termination of Employment:</b> *</p> <p><b>Is Employee a Director/Secretary/Shareholder of this Company?</b> *                      <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p><b>Job Title:</b> *</p> <p><b>Reason for Redundancy:</b> *</p> <p><b>Reason for Non-Payment (if appropriate):</b></p>
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**See following page for Breaks in Service (if any)**

No. of Years Service: *	No. of Weeks Due: *	Statutory Entitlement: * €	Rebate Amount due to Employer: * €

**Rebate Claim Declaration**                      OR                      **Lump Sum Claim Declaration**

<p><b>EMPLOYER / EMPLOYER REPRESENTATIVE:</b> *</p> <p>I hereby declare the above employee was dismissed by reason of redundancy, and request payment of 60% of the statutory amount paid to the employee.</p> <p><b>Signed:</b>                      <b>Date:</b></p> <p><b>Role of Signee:</b></p> <p><b>EMPLOYEE:</b> *</p> <p>I hereby certify that I have received payment of € <input style="width: 50px;" type="text"/> from my employer. (Blue ink only)</p> <p><b>Signed:</b>                      <b>Date:</b></p>	<p><b>ADMINISTRATOR / EMPLOYER:</b></p> <p>I hereby certify that the above employer has not paid the full statutory redundancy entitlement to the above employee, and payment should now be made to them from the Social Insurance Fund.</p> <p><b>Signed:</b>                      <b>Date:</b></p> <p><b>Role of Signee:</b></p> <p><b>EMPLOYEE:</b></p> <p>I hereby certify that I have not received payment as outlined above from my employer. (Blue ink only)</p> <p><b>Signed:</b>                      <b>Date:</b></p>
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### Sample Retirement Lump Sum Letter

**Lump Sum on Retirement**

**To be completed by HEAR Applicant:**

**Re:**                      HEAR Applicant                      CAO Number                      PPS Number

**To be completed by Employer or Body Administering Pension:**

**Part 1**

\_\_\_\_\_ (Name) ceased employment with this company on \_\_\_\_\_ (dd/mm/yyyy).

**Lump Sum Payment:**

The above received € \_\_\_\_\_ as a lump sum on retirement in the year ending 31 December 2009.

**Number of years in employment:**

The above worked for \_\_\_\_\_ (Number of Years) in our employment.

**Gross Annual Pension:**

The total gross annual pension for above is € \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Employer/Body Administering Pension**                      **Date**

**Company Stamp**

# Children in Care of the Health Service Executive

If you are a foster child/separated child or in the care of the Health Service Executive, you must:

- ☒ Supply a Letter from the HSE detailing:
  - The date you were taken into the care of the HSE.
  - The amount of income and/or type of support that the HSE provided to you/your foster family in year ending 31 December 2009.

The letter must be on HSE headed stationery.

A separated child is any child under 18 years of age who is outside of his/her country of origin and separated from both parents or his/her previous legal/customary primary caregiver.

  
  

DCU Access Service  
 LG 16 Computer Applications Building  
 DCU  
 Glasnevin  
 Dublin 9

31 March 2010

RE: \_\_\_\_\_  
           Applicant                      CAO                      PPS Number

To Whom It May Concern:

\_\_\_\_\_ (name of Applicant) is currently in the care of the Health Service Executive.

The Health Service Executive provides the following supports for the above applicant in the year ending 31 December 2009.

€ \_\_\_\_\_ (Total amount of financial support)

\_\_\_\_\_ (List any other supports)

Kind regards,

Name of Social Worker/Project Worker  
 Position in HSE  
 Contact Telephone  
 Contact Email

You can get this letter from your HSE social worker or project worker.

Contact [www.hse.ie](http://www.hse.ie) or LoCall 1850 241850 if you have any questions.

# ACCESS DCU SUPPORTS APPLICATION FORM

## For Entry Autumn 2010

Closing Date 16 April 2010

Print Form

### 1) Your Personal Details

Name:	<input type="text"/>
Surname:	<input type="text"/>
Date of Birth:	<input type="text"/>
Country of Birth:	<input type="text"/>
Nationality:	<input type="text"/>
PPS Number:	<input type="text"/>
CAO Number:	<input type="text"/>
Gender	<input type="radio"/> Male <input type="radio"/> Female
School Name:	<input type="text"/>
School County:	<input type="text"/>

### 2) Your Address & Contact Details

House Name:	<input type="text"/>
House Number:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
Address 3:	<input type="text"/>
Area/Town:	<input type="text"/>
Postcode:	<input type="text"/>
County:	<input type="text"/>
Your Mobile No:	<input type="text"/>
Email address:	<input type="text"/>

### 3) Your Family's Dependents

First Name	Date of Birth	Certified unfit for work	School/College Attending	Full Time	Part Time
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> FT	<input type="radio"/> PT
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> FT	<input type="radio"/> PT
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> FT	<input type="radio"/> PT
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> FT	<input type="radio"/> PT
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> FT	<input type="radio"/> PT
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> FT	<input type="radio"/> PT
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> FT	<input type="radio"/> PT
<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="radio"/> FT	<input type="radio"/> PT

### 4) Your Parent(s) / Guardian(s) Currently in Education

	College/University Attending	Course Type		College/University Attending	Course Type
Mother	<input type="text"/>	<input type="radio"/> FT <input type="radio"/> PT	Guardian 1	<input type="text"/>	<input type="radio"/> FT <input type="radio"/> PT
Father	<input type="text"/>	<input type="radio"/> FT <input type="radio"/> PT	Guardian 2	<input type="text"/>	<input type="radio"/> FT <input type="radio"/> PT

5) Your Family Status	
My parents are married and/or live together	<input type="checkbox"/>
My parents are separated/divorced	<input type="checkbox"/>
My parent is a widow/widower	<input type="checkbox"/>
I live in a single parent household with NO financial contribution from the other parent	<input type="checkbox"/>
I live in a single parent household with SOME financial contribution from the other parent	<input type="checkbox"/>
I have legal guardians who are not my parents	<input type="checkbox"/>
I am in the care of the Health Service Executive	<input type="checkbox"/>
I am a separated child	<input type="checkbox"/>
I am a foster child	<input type="checkbox"/>
I am a member of the Traveller Community	<input type="checkbox"/>

6) Your Parent(s)/Guardian(s) Employment Status					
6 A) Employment Status	Mother	Father	Guardian 1	Guardian 2	Spouse
Working for payment / profit - Full Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working for payment / profit - Part Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking after the home / family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired from employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Never worked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No contact whatsoever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to work due to permanent sickness/disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 B) Job Title & Type of Employment					
	Job Title	Employee	Self- Employed (including farmer)	Self-Employed (including farmer) with paid employees	
Mother	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Father	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guardian 1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guardian 2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7) Your Family Financial Circumstances					
Income Type	Mother	Father	Guardian 1	Guardian 2	Spouse
Was your Parent/Guardian/Spouse working as an employee in 2009? Did he/she receive payments from sources like PAYE, salary, fees, wages, FAS or a CE scheme?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Was your Parent/Guardian/Spouse self-employed in 2008? Did he/she receive income from self-employment?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Did your Parent/Guardian/Spouse receive any income in 2008 from land, such as income from farming or renting property?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Did your Parent/Guardian/Spouse receive income in 2009 from the Department of Social and Family Affairs such as social assistance or social insurance payments?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Did your Parent/Guardian/Spouse receive income from any other sources in 2009 such as maintenance payment or child support?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Was your Parent/Guardian/Spouse made redundant in 2009? Did he/she receive any lump sum payments from his/her employer?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

8) Your Family Medical Card / GP Visit Card		
Do you or your Parent(s)/Guardians(s)/Spouse have a Medical Card / GP Visit Card valid on 31st December 2009?	<input type="radio"/> Yes	<input type="radio"/> No

9) Your additional details (100-300 words)

## 10) Your Access Support Options

Select only ONE Option

I would like to be considered for the Subsidised Accommodation & Access Supports  Yes

I would like to be considered for the Reduced point entry with financial scholarship and Access supports  Yes

## 11) Your Declaration

If you agree with all statements listed below please tick all boxes

I certify that the information supplied in this application form is correct and complete.  Yes

I agree that my financial details and supporting documents may be reviewed by an independent financial advisor and they will be treated confidentially.  Yes

I understand that some details of my application will be used for research purposes but my name will never be used.  Yes

I understand that if I have misrepresented myself or give false declaration I will be ineligible for Access DCU Supports.  Yes

Applicant Signature

Date

## Remember!

Send your Application Form and all supporting financial documents to Edel McCarron, DCU Access Service, LG16 Computer Applications Building, DCU, Dublin 9 by April 16 2010.

Applications and supporting financial documents received after 16 April 2010 will NOT be considered.

Apply for your supporting financial documents early as they can take time to gather.

Keep a photocopy and proof of postage of all documents submitted.

For information on other grants/financial assistance available for students log on to [www.studentfinance.ie](http://www.studentfinance.ie)

# Request for Information

from the Department of Social & Family Affairs

Part 1: To be completed by Applicant's Parent(s)/Guardian(s)/Spouse

I authorise the release of information outlined below for the purpose of assessing a DCU Access Supports Application.

\_\_\_\_\_  
Mother/Guardian/Spouse's Signature

\_\_\_\_\_  
Father/Guardian/Spouse's Signature

Part 2: To be completed by your Local Social Welfare Office (D/SFA)

DCU Access Service run a scheme for students from socio-economically disadvantaged backgrounds. School leavers who present satisfactory evidence relating to their socio-economic circumstances and satisfy academic requirements are eligible to compete for a quota of places allocated on a reduced leaving certificate points/subsidised accomodation basis.

To faciliate applicants in submitting required evidence, the Department of Social and Family Affairs is requested to provide TWO pieces of information in respect of the person(s) named above:

1. Was the parent/guardian/spouse in receipt of a means-tested (social assistance) payment(s) for at least 26 continuous weeks in 2009?
2. What was the total (excluding child benefit, early childcare supplement and supplements paid under SWA scheme) social welfare income received by the parent(s)/guardian(s)/spouse in 2009?

Applicants must submit this information in relation to BOTH parents/guardians where applicable.

Please be advised that certification cannot be accepted unless it is both signed and stamped by a D/SFA official. Failure to submit appropriately verified information will result in the applicant being ineligible.

Mother/Guardian/Spouse Name:

PPS Number:

In receipt of means-tested social assistance for 26 continuous weeks in 2009?  YES  NO

Total Social Welfare Income\* paid to this PPS number in 2009? € \_\_\_\_\_

Father/Guardian/Spouse Name: \_\_\_\_\_

PPS Number:

In receipt of means-tested social assistance for 26 continuous weeks in 2009?  YES  NO

Total Social Welfare Income\* paid to this PPS number in 2009? € \_\_\_\_\_

\*Child Benefit, Early Childcare Supplement & any Supplements paid under the Supplementary Welfare Allowance Scheme should be excluded from the total income figure.

\_\_\_\_\_  
Signed on behalf of D/SFA (please print your name)

\_\_\_\_\_  
What is your position in D/SFA

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

D/SFA Official Stamp

Form not valid unless stamped

**Part 3: To be completed by Applicant**

Applicant's Name:	<input type="text"/>
Applicant's CAO 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"/>
Applicant's Date of Birth:	___ ___ / ___ ___ / 19 ___ ___
Applicant's PPS 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"/>

Keep photocopy and proof of postage. Submit all documents by 16 April 2010 to DCU Access Service LG16 Computer Applications Building, DCU Glasnevin, D9.

# Request for Information

## from the Health Service Executive

### Part 1: To be completed by Applicant

Applicant's Name:									
Applicant's CAO Number:									
Applicant's Date of Birth:	____ / ____ / 19 ____								
Applicant's PPS Number:									

You can find details of all HSE Local Health Offices on the website [www.hse.ie](http://www.hse.ie) or LoCall 1850 24 1850

### Part 2: To be completed by the Health Service Executive

DCU Access Service run an admissions scheme for students from socio-economically disadvantaged backgrounds. School leavers who present satisfactory evidence relating to their socio-economic circumstances and satisfy academic requirements are eligible to compete for a quota of places allocated on a reduced leaving certificate points/subsidised accomodation basis

To faciliate applicants in submitting required evidence, the Health Service Executive is requested to provide the following information in respect of the person named above:

Does the applicant hold or are they dependant on a parent/guardian/spouse who holds a Medical Card or GP Visit Card valid on 31 December 2009?     Yes     No

I certify that the above applicant holds or is dependant on a parent/guardian/spouse who holds a Medical Card/GP Visit Card that is valid on 31 December 2009.

\_\_\_\_\_  
Signed on behalf of HSE (please print your name)

\_\_\_\_\_  
What is your position in HSE?

\_\_\_\_\_                      \_\_\_\_\_  
Signature                                      Date

HSE Official Stamp

  
  
  
  
  
  
  
  
  
  

Form not valid unless stamped

Applicants must submit this evidence to DCU Access Service by by 16 April 2010. Out of date or pending Medical Cards/GP Visit Cards will not be considered.

Please be advised that the certification cannot be accepted unless it is both signed and stamped by a HSE official. General Practitioner Stamps will not be accepted. Failure to submit appropriately verified information will result in the applicant being ineligible.