

Keep photocopy and proof of postage. Submit all documents to CAO by 1 April 2012.
It is the responsibility of every applicant to ensure this form is filled in correctly.

Part 1: To be completed by HEAR Applicant

HEAR Applicant's Name:	<input type="text"/>
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"/>
Date of Birth:	__ __ / __ __ /19 __ __
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"/>

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 a HEAR application.

Parent 1/Guardian 1 Signature

Parent 2/Guardian 2 Signature

Part 3: To be completed by DSP Official in Local Social Welfare Office

You can find details of local social welfare offices on www.welfare.ie or Locall 1890 662244

Parent 1/Guardian 1 Name:	<input type="text"/>
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"/>
Total Social Welfare Income on all social welfare schemes* paid to this PPS number in 2010?	
€	<input type="text"/>
In receipt of means-tested social assistance payment(s) for at least 26 weeks or 6 months in 2010?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Payment(s):	
Payment 1:	<input type="text"/>
Payment 2:	<input type="text"/>
Payment 3:	<input type="text"/>

*Excluding Child Benefit, Early Childcare Supplement and Supplements paid under the Supplementary Welfare Allowance schemes.



Parent 2/Guardian 2 Name:

PPS Number:

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Total Social Welfare Income on all social welfare schemes* paid to this PPS number in 2010?

€

In receipt of means-tested social assistance payment(s) for at least 26 weeks or 6 months in 2010?

Yes No

Name of Payment(s):

Payment 1:

Payment 2:

Payment 3:

**Excluding Child Benefit, Early Childcare Supplement and Supplements paid under the Supplementary Welfare Allowance schemes.*

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:

__ __ / __ __ / 20 __ __

DSP Official Stamp

HEAR is a college and university admissions scheme which offers places on reduced points and extra college support to school leavers from socio-economically disadvantaged backgrounds who have completed an Irish Leaving Certificate.