

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

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

Mother/Guardian's Signature:

Father/Guardian's Signature

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

HEAR is a 3rd level 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 basis in participating colleges.

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 in receipt of **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) in 2009?

Applicants must submit this information to CAO 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 Name:

PPS Number:

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

Total Social Welfare Income on all social welfare schemes* paid to this PPS number in 2009? € _____

Father/Guardian Name:

PPS Number:

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

Total Social Welfare Income on all social welfare schemes* 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

Part 3: To be completed by HEAR Applicant

HEAR 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 1 April 2010 to:
CAO, Tower House, Eglinton Street, Galway.**