**Liffey Partnership Education Resource Fund 2024**

* Please make sure you **fully complete your application** form including **checklist, criteria** and attach all relevant documentsbefore submitting.
* **Incomplete applications** cannot be considered and will be returned to you so that you can complete the information required

|  |  |
| --- | --- |
| **Criteria (Please tick ✓):** | |
| I live in the catchment area (Ballyfermot or Chapelizod) |  |
| My household income is under €60,000 for 2023 |  |
| The course provider I have chosen is a public college (Not a private provider) |  |
| I am engaged in an accredited course at levels 5-9 on the National Framework of Qualifications. If you are entering 1st year of an **apprenticeship,** you are welcome to apply |  |

|  |  |
| --- | --- |
| **Support Documentation Checklist (Please tick ✓):** | |
| **If over 23 or living independently:** | |
| SUSI Assessed Reckonable Income Statement (Full Document)  or |  |
| Statement of Liability (P21) 2023 if working (available from Revenue.ie)  and/or |  |
| Statement of Social Welfare Income 2023 (available from Intreo office) |  |
| **If under 23 and living with parents/guardians:** | |
| SUSI Assessed Reckonable Income Statement (Full Document)  or |  |
|  |  |
| Statement of Liability (P21) 2023 for all parents/guardians if working |  |
| Statement of Accounts if parent(s) are self-employed  and/or |  |
| Statement of Social Welfare Income 2023 (available from Intreo office) |  |
| **For ALL applicants** | |
| Student card or course/apprenticeship registration letter (Once the course has started) |  |
| Proof of address if differs from address on documentation submitted |  |
| I have read and signed the data consent and declaration (at the end of this form) |  |

|  |  |
| --- | --- |
| **Personal Details (Please complete all sections)** | |
| Name: |  |
| Address: |  |
| Term Time Address:  (If different) |  |
| Date of Birth: |  |
| Phone No: |  |
| Gender: |  |
| Email: |  |

|  |  |
| --- | --- |
| **Income Details:** | |
| **Please tick ✓ the relevant box which describes your current status:** | |
| **Dependent student:** aged 17-23 living with and dependent on  Parents/Guardians’ income |  |
| **Independent student:** living independently and not dependent on your family’s income  (applicant must provide proof of independent living – utility bill in applicant’s name) |  |
| **Mature Student:** over 23 years living in parents’/guardians’ household |  |
| **Total household income for 2023 (social welfare/revenue)**  €\_\_\_\_\_\_\_\_ | |

|  |  |
| --- | --- |
| **How many people are living in your home? (Please fill all boxes below with a number)** | |
| Adults (your parent/guardian/partner): |  |
| Children/Dependents 18yrs+ (including your children or brothers/sisters): |  |
| Children/Dependents Under 18yrs (including your children or brothers/sisters): |  |
| Total number of people in the household: (including yourself) |  |

|  |
| --- |
| **Course Details (Please give as much detail as possible)** |
| Course/apprenticeship title: |
| College: |
| Duration of course: |
| QQI/NFQ level of course/course Apprenticeship year: |
| Class hours per week: |

|  |  |  |  |
| --- | --- | --- | --- |
| **How are you funding your course (Please tick ✓all the options below that apply to you)** | | | |
| Back to Education Allowance (BTEA) |  | No Funding |  |
| SUSI |  | VTOS |  |
| Other (Please State) | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Previous Education:** | | | | | |
| **Highest level of educational qualification you have been awarded (please tick):** | | | | | |
| No Qualification |  | Primary School |  | Inter/Junior Cert |  |
| Leaving Cert Applied |  | Leaving Cert |  | NFQ Level 6 |  |
| NFQ Level 7 |  | NFQ Level 8 |  | NFQ Level 9 |  |
| Previous Course Title: | | | | | |
| Year of Course: | | | | | |
| Other Education (including courses started but not completed)  (Please tell us if you have received a certificate or award) | | | | | |

|  |
| --- |
| **Have you received funding from the Ballyfermot Chapelizod Partnership now called Liffey Partership, in the past?** |

|  |  |
| --- | --- |
| Yes (please provide details) |  |
| No |  |

|  |
| --- |
| **Please state how much money you require from the Education Resource Fund under the following categories:** |

|  |  |
| --- | --- |
| Travel Costs (leap card top up, train tickets or Luas tickets) | € |
| Course books/IT Equipment | € |
| Fees Contribution | € |
| Other materials needed (Please give as much detail as possible) | |
| **Expected Costs (Maximum €800) €\_\_\_\_\_\_\_**  **Please note that any drawdown of LP Education Resource Fund granted by Liffey Partnership can only be done on the production of valid indate receipts.** | |

|  |
| --- |
| **Supporting Statement (Please do not leave blank)** |

* **In this section, please give any further information you would like to add in support of your application.**
* **Please give as much detail as possible to make a case as to why you need the Education Resource Fund:**

*Tell us about yourself, background, interests/hobbies.*

*Hopes for the future / what this course means to you.*

|  |
| --- |
| **Data Consent and Declaration:** |
| **Data Consent:**  Liffey Partnership (LP) provides support to individuals under a variety of programmes and funding sources. LP’s funders require us to collect information on the people we work with so that we know more about them and the supports they may need. We store this information on paper forms and on various electronic databases relevant to the services you receive. The information you provide us with will be held for a maximum of seven years from when you are last in contact with us. The information we record about our clients is used for five main purposes which are outlined in section 5 of the confidentiality and data protection statement (overleaf). The information we record about our clients is used for five main purposes;   1. To establish if you are eligible for the services we offer. 2. To review how we supported you to ensure you received the best possible service. 3. To share your information with other service providers (e.g. contacting a potential employer or making an appointment with another service). This will only be done where relevant to your personal action plan or as part of shared care planning and with your prior agreement. 4. To produce statistics which help us review and plan our services. 5. Your data may be reviewed by our funders as part of a programme audit.   I understand that LP will record, store, and share my information and the information provided by me will not be disclosed otherwise than in accordance with the law. I have received a copy of the LP Confidentiality & Data Protection Statement which I understand. I have given my consent for LP to store personal and sensitive data for the purpose of my resource fund application. I understand that I can refuse or withdraw my consent to provide sensitive information and for future contact if I wish and this will not affect the service I receive.  **Optional:** I would like to be included in a WhatsApp Group for any additional supports and information regarding education from the Liffey Partnership. I consent to my mobile number being added to this group. **YES  NO**  **Declaration and Signature:**  I hereby declare that the above information, in applying for the Education Access Fund 2024 is true and correct to the best of my knowledge. Furthermore, I give permission to allow additional information of relevance to this application to be sought from, or shared with, others as appropriate. |

|  |  |
| --- | --- |
| **Signed** |  |
| **Date** |  |

|  |
| --- |
| **Please return to the Liffey Partnership in 4 Drumfinn Park, Ballyfermot.**  **Closing Date: Thursday 5th September 2024.**  **If you have any queries, please contact Sarah Bowes on 01 623 5612** [**sbowes@liffeypartnership.ie**](mailto:sbowes@liffeypartnership.ie) |

|  |
| --- |
| **How your Education Resource Fund is assessed** |
| Applications are decided upon whether they are high,middle, or low priority.   * **High priority**: You are receiving no financial support or just the SUSI maintenance grant and the parent’s/guardian’s income is only from social welfare assistance. * **Middle priority**: You are living independently and receiving financial support through the Back to Education Allowance. * **Low priority**: You are receiving Back to Education Allowance and the parental/guardian’s income is formed from social welfare assistance and other income.   \*Priority will be given to households with a greater number of dependents relevant to the categories outlined above. All other applications will be considered if funding is available |

|  |
| --- |
| **Education Resource Fund Application Form Guidelines** |
| ***Please read the eligibility criteria to ensure that you are eligible to apply.***  **Dependent Students (under 23 and living with parents/guardians) you must provide the following:**  Proof of address within the Ballyfermot Chapelizod and Cherry Orchard Area (and)  Proof of income for applicant (if you have an income) and parents’/guardians’ income e.g.   * SUSI statement of household income **Full Document** **(or)** * 2023 social welfare statement for income for social welfare recipients (Intreo) **(or)** * Statement of Liability (P21) for 2023, if you or your parents were employed in 2023 (can be requested at [www.revenue.ie](http://www.revenue.ie))   **Independent Students (living outside the family home) you must provide the following:**   1. **Proof of Address you must provide evidence that you are living independently and documents relating to income – this can be:**  * **A utility bill** **in your own name** or if the bills in the household are in your spouse’s name, please provide your marriage certificate with the utility bill. Examples of utility bills are landline or telephone (we do not accept mobile phone bills), fixed broadband, gas, electricity, cable/satellite television bill.   (or)   * A letter confirming your address is **registered with the PRTB** (Private Residential Tenancies Board)   (or)   * **A Local Authority lease agreement**, for example under the Rental Accommodation Scheme (RAS)   (or)   * A letter confirming the receipt and period of rent or mortgage supplement   (or)   * Official documentation posted to you at this address and relating to your residence there, for example, a letter from the Department of Social Protection confirming rent allowance  1. **Proof of Income**   As an independent student you will be assessed under your own and your spouse, civil partner, or co-habitants' income in determining your eligibility for funding.   * SUSI statement of household income **Full Document** (or) * 2023 social welfare statement for income for social welfare recipients (Intreo) (and/or) * Statement of Liability (P21) for 2023, if you or your spouse were employed in 2023 (can be requested at [www.revenue.ie](http://www.revenue.ie))   **For those aged over 23 and living with parents/guardians**  Proof of address within the Ballyfermot, Chapelizod or Cherry Orchard Areas  **And**  As a mature student you will be assessed under your own and your spouse, civil partner, or co-habitants' income in determining your eligibility for funding.   * SUSI Statement of Household Income Full Document (or) * 2023 social welfare statement for income for yourself and your spouse (Intreo) (if applicable) (and/or) * Statement of Liability (P21) for 2023, if you or your spouse were employed in 2023 (can be requested at [www.revenue.ie](http://www.revenue.ie))   **For ALL applicants**   * Course Letter of Registration **(not acceptance letter)** or results of previous year if progressing (or) Valid Student Card\* * *\*If you have a letter of registration or student card you should submit a copy with your application. If you do not yet have these documents, we will accept a copy of your student card when you sign your funding agreement (if successful). No funding will be issued without a valid student card or letter of registration/statement of results from previous year)*   ***\*\*\*PLEASE NOTE - Proof of Address is required for all applicants to the Education Resource Fund*** |