



DA 103

APPLICATION FOR THE PAYMENT OF A FÁS TRAINING ALLOWANCE FOR PERSONS IN RECEIPT OF DISABILITY ALLOWANCE / BLIND PERSONS PENSION PARTICIPATING ON FÁS TRAINING PROGRAMMES.

PART 1 : TO BE COMPLETED BY TRAINING PROVIDER

1. Name of Training Provider : _____ 2. Type : _____ e.g. FÁS Course Special Needs.
 3. Course Title : _____ 4. Location : _____ Code: _____
 6. Course Address: _____
 7. Telephone No : _____ 8. Fax No : _____
 9. Trainee Start Date : _____ 10. Trainee Finish Date : _____
 11. Training Course Duration : _____ weeks/ months 12. Hours Full { } Part-Time { }
 Signed : _____ Date : _____

PART 2 : TO BE COMPLETED BY TRAINEE

13. Trainee Name: _____ 14.: PPS No: _____
 15. Address : _____
 16. Date of Birth : _____ 17.: Phone No : _____
 18. Type of Social Welfare Payment being paid : _____ 19. Amount of Payment : € _____
 20. Claim Number :

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I understand and agree that while going onto the FÁS Training Program, my Disability Allowance / Blind Persons Pension will be suspended while I am attending the Training Course and I will receive a training allowance equivalent to my Disability Allowance / Blind Persons Pension.

Signed : _____ Date : _____
 Trainee Signature

PART 3 : TO BE COMPLETED BY DEPT. OF SOCIAL AND FAMILY AFFAIRS

We refer to application made for payment of a FÁS Training Allowance to the above named applicant.
 The weekly Disability Allowance / Blind Persons Pension of € _____ will be suspended and the last payment made on _____ / _____ / _____.

IF THE APPLICANT CEASES TRAINING DISABILITY ALLOWANCE / BLIND PERSONS PENSION WILL BE RESTORED IMMEDIATELY ON RECEIPT OF NOTIFICATION BY FÁS OF CESSATION ON FORM DA104 (APPLICATION FOR THE RESTORATION OF DISABILITY ALLOWANCE / BLIND PERSON PENSION).

THERE WILL BE NO LOSS OF SECONDARY BENEFITS OVER THE DURATION OF THE TRAINING PROGRAMME.

Signed : _____ Date: _____
 DSFA

DSFA STAMP