

TRAINING ALLOWANCE ENTITLEMENT - FORM F103



PART A: To be completed by the ETB Training Services Unit

NAME: _____ PPS Number: _____

ADDRESS: _____

DATE OF FIRST PAYMENT BY ETB: _____

Course Title:	Course Location:	Course Code:
Start Date:	Finish Date:	Course Duration: _____ Weeks

ETB Officer Contact: _____ Telephone No: _____ Email: _____

PART B: To be completed by the Department of Social Protection

To establish if an applicant is eligible for a Training Allowance please complete the following:

- Is the applicant or their spouse/partner in receipt of a Department of Social Protection Payment? Yes No Pending
If pending, state Scheme Type: _____
- If **'YES'** to Question 1, please tick the relevant payment/category listed below:

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>A. Jobseeker's Allowance under 26</td><td style="width: 50px;"></td></tr> <tr><td>B. Jobseeker's Allowance 26 and over</td><td></td></tr> <tr><td>C. Jobseeker's Transitional Payment (youngest child is aged between 7 and 13 years inclusive) See Note 1 overleaf</td><td></td></tr> <tr><td>D. Jobseeker's Benefit</td><td></td></tr> <tr><td>E. One-Parent Family Payment (OFP) See Note 2 overleaf</td><td></td></tr> <tr><td>F. Supplementary Welfare Allowance (BASI) under 26</td><td></td></tr> <tr><td>G. Supplementary Welfare Allowance (BASI) 26 and over</td><td></td></tr> <tr><td>H. Occupational Injuries Benefit</td><td></td></tr> <tr><td>I. Dependant on Spouse/Partner's Claim Spouse/Partner's name: _____ Is the Spouse/Partner over 21 years of age Yes <input type="checkbox"/> No <input type="checkbox"/> State No. of days of Unemployment paid on claim _____</td><td></td></tr> </table>	A. Jobseeker's Allowance under 26		B. Jobseeker's Allowance 26 and over		C. Jobseeker's Transitional Payment (youngest child is aged between 7 and 13 years inclusive) See Note 1 overleaf		D. Jobseeker's Benefit		E. One-Parent Family Payment (OFP) See Note 2 overleaf		F. Supplementary Welfare Allowance (BASI) under 26		G. Supplementary Welfare Allowance (BASI) 26 and over		H. Occupational Injuries Benefit		I. Dependant on Spouse/Partner's Claim Spouse/Partner's name: _____ Is the Spouse/Partner over 21 years of age Yes <input type="checkbox"/> No <input type="checkbox"/> State No. of days of Unemployment paid on claim _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>J. Disability Allowance</td><td></td></tr> <tr><td>K. Illness Benefit (Partial Capacity) VTOS students must also submit a letter of permission from the Dept. Of Social Protection to participate on a course</td><td></td></tr> <tr><td>L. Invalidity Pension (Partial Capacity) VTOS students must also submit a letter of permission from the Dept. Of Social Protection to participate on a course</td><td></td></tr> <tr><td>M. Credits Only</td><td></td></tr> <tr><td>N. Farm Assist</td><td></td></tr> <tr><td>O. Fish Assist</td><td></td></tr> <tr><td>P. Deserted Wife's Benefit</td><td></td></tr> <tr><td>Q. Widow/er's or Surviving Civil Partner's Pension</td><td></td></tr> <tr><td>R. Blind Pension</td><td></td></tr> </table>	J. Disability Allowance		K. Illness Benefit (Partial Capacity) VTOS students must also submit a letter of permission from the Dept. Of Social Protection to participate on a course		L. Invalidity Pension (Partial Capacity) VTOS students must also submit a letter of permission from the Dept. Of Social Protection to participate on a course		M. Credits Only		N. Farm Assist		O. Fish Assist		P. Deserted Wife's Benefit		Q. Widow/er's or Surviving Civil Partner's Pension		R. Blind Pension	
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The applicant's weekly rate of payment may change during the course for the following reason(s):

- OFP to end due to age of youngest child **OFP16 form to issue by DSP.**
- JA/SWA applicant will reach 26 years **Date of Birth: __/__/__ See Note 3 overleaf**

3. Duration of **continuous** payment? **Months/ Days**

Definition of Continuous Payment

Any category or combination listed at 2 above **MUST** be recorded in Months.

4. Number of days signing for JA and JB _____ as of _____ (insert date)

5. Weekly Rate (Where the applicant has no entitlement under any heading, please enter 'NIL')

Personal amount	€
Qualified Adult amount	€
Qualified Child amount (No. of children) <input style="width: 30px; height: 20px;" type="text"/>	€
Less Weekly Means	€
Max Pay Yes <input type="checkbox"/> No <input type="checkbox"/> See Note 4 overleaf	
Total Amount Paid	€

Please tick appropriate boxes for the three questions below.

Yes No Qualifies for Fuel Allowance

Weekly Option Lump Sum Option

1st Lump Sum paid _____

2nd Lump Sum paid _____

See Note 5 overleaf

Signed: _____

Print Name: _____

Officer, Department of Social Protection

Contact Telephone Number: _____

Email: _____

Department of Social Protection Stamp



Completing F103 form

PART A should be fully completed by the ETB Training Services Unit.

PART B should be completed by the Department of Social Protection.

Notes:

- (1) The Jobseeker's Transitional Payment (JST) is a special arrangement under the Jobseeker's Allowance scheme that aims to support lone parents of young children. This payment is available to applicants who are not cohabiting and whose youngest child is aged between 7 and 13 years inclusive. From 16th November 2016, JST customers will continue to be paid by the Department of Social Protection while attending an ETB course.
- (2) Applicants who are in receipt of the **One-Parent Family Payment will continue to be paid by the Department of Social Protection while attending an ETB course.**
- (3) Jobseeker's Allowance /Supplementary Welfare Allowance applicants, under 26 years of age, should be informed by the Department of Social Protection before commencing training that their training allowance rate may change on reaching 26 years of age.
- (4) Max Pay: Where both of a couple are in receipt of Jobseeker's Allowance in their own right the family rate is divided between them. Where one member of a couple is claiming Jobseeker's Allowance and the other is in receipt of certain PRSI based payments their combined payments cannot exceed the amount which would be payable if only one person made a claim. Where the combined payments exceed this maximum amount, the Jobseeker's Allowance payment must be reduced by the amount of the excess (i.e. the Jobseeker's Allowance payment is reduced by the difference between the maximum amount payable and the amount of the other payment).
- (5) An applicant is considered long term for Jobseeker's Allowance or Supplementary Welfare Allowance purposes when they have been signing for 390 days. All applicants must also satisfy the other qualifying conditions for the Fuel Allowance scheme.

An applicant can apply for a weekly payment of fuel allowance or 2 lump sums October to December and January to March.