

Teagasc Student Maintenance Grant Application Form 2016/17

APPLICANTS FULL NAME (in block letters)

FOR OFFICIAL USE ONLY

Student Ref No:

The Teagasc Authority approved the introduction of means testing of maintenance grants for students attending further level courses at Teagasc and private agricultural colleges in 2012. Means testing will apply to approved full- time Level 5 and Level 6 courses for the 2016/17 academic year.

To ensure early notification on your maintenance grant eligibility we strongly recommend that upon receipt of acceptance to your chosen college that you apply for a student grant as soon as possible to:

Teagasc Maintenance Grant
PO Box 46
Clonakilty
Co. Cork



This symbol means there is a detailed note in the **Guidance Notes** to help you answer the question.



This symbol means we need **documentary evidence** from you and you must send the relevant documents with the application form. See the **Guidance Notes** for detailed information on documentary evidence.

Please read the **Guidance Notes** for completing the Teagasc Student Maintenance Grant Application Form 2016/17 carefully before completing this form.

Please use **BLACK INK**.

Please write in **BLOCK LETTERS**.

Please answer **all questions**. If a question does not apply to you, please enter "N/A" (not applicable).





CLOSING DATE: Friday 23rd September, 2016

If you need further advice or support filling in the form, please contact your accountant or financial advisor.








Please do not apply to SUSI for the Teagasc Student Maintenance Grant

Section A: Applicant's Personal Details

The applicant must answer all questions in Section A. If a question does not apply to you, please enter "N/A" (not applicable) clearly next to the relevant question.

A1.	PPS No: 	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
A2.	Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify): _____
A3.	Surname:	
A4.	First Name:	
A5.	Your mother's birth surname	
A6.	Date of birth:  	<div><div><div></div><div></div></div><div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div></div>
A7.	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
A8.	Home address (You must include Eircode): 	_____ _____ _____ Eircode: _____
A9.	Distance by road from your home address to your chosen Teagasc college:	45 km's or less <input type="checkbox"/> Over 45 km's <input type="checkbox"/>
A10.	Contact number(s): (Required)	Mobile: _____ Home: _____

A11.	Email address: (Your email <u>will be used</u> for verification and communication purposes)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
A12.	College you will be attending:	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
A13.	QQI Level 5 course you will be taking:	<div style="display: flex; flex-direction: column; gap: 10px;"> <div>Certificate in Agriculture <input type="checkbox"/></div> <div>Certificate in Horticulture <input type="checkbox"/></div> <div>Certificate in Forestry <input type="checkbox"/></div> <div>Certificate in Horsemanship – Equitation <input type="checkbox"/></div> <div>Certificate in Horsemanship – Stud Management <input type="checkbox"/></div> </div>
A14.	QQI Level 6 course you will be taking:	<div style="display: flex; flex-direction: column; gap: 10px;"> <div>Advanced Certificate in Dairy Herd Management <input type="checkbox"/></div> <div>Advanced Certificate in Drystock Management <input type="checkbox"/></div> <div>Advanced Certificate in Agricultural Mechanisation <input type="checkbox"/></div> <div>Advanced Certificate in Crops and Bio Energy <input type="checkbox"/></div> <div>Advanced Certificate in Crops and Machinery Management <input type="checkbox"/></div> <div>Advanced Certificate in Horsemanship – Equitation <input type="checkbox"/></div> <div>Advanced Certificate in Horsemanship – Stud Management <input type="checkbox"/></div> <div>Advanced Certificate in Horticulture <input type="checkbox"/></div> <div>Advanced Certificate in Forestry <input type="checkbox"/></div> <div>Specific Purpose Certificate in Farm Administration (Green Cert) <input type="checkbox"/></div> </div>





A15.	Category of applicant:  	Student dependent on parent(s)/legal guardian <input type="checkbox"/> Mature student dependent on parent(s)/legal guardian <input type="checkbox"/> Independent Mature Student <input type="checkbox"/>
A16.	Marital status:	Single <input type="checkbox"/> Married/in a civil partner <input type="checkbox"/> Cohabiting <input type="checkbox"/> Divorced/former civil partner  <input type="checkbox"/> Separated  <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed/a surviving civil partner <input type="checkbox"/>
A17.	On January 1st 2016 which category best described you:	Student <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Home Duties <input type="checkbox"/> Other (please specify): _____
A18.	If you have not always been a student what was your occupation? 	
A19.	Are you repeating the year:	Yes <input type="checkbox"/> No <input type="checkbox"/>
A20. Have you applied for or will you be getting a Back to Education Allowance (BTEA) payment for the 2016/17 academic year? 		Yes <input type="checkbox"/> No <input type="checkbox"/>
A21. Have you applied for or will you be getting a Vocational Training Opportunities Scheme (VTOS) payment for the 2016/17 academic year? 		Yes <input type="checkbox"/> No <input type="checkbox"/>

Section A: Have you included?

	Yes	No	N/A
1. A photocopy of your birth certificate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Documentary evidence if you are an Independent Mature Student? (See pg 6 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Documentary evidence for separation and divorce? (See pg 7 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you included your Eircode?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Applicant's National, Immigration Status and Residency Details

The applicant must answer all questions in Section B. If a question does not apply to you, please enter "N/A" (not applicable) clearly next to the relevant question.



B1.	What country were you born in? 	Ireland <input type="checkbox"/> Elsewhere <input type="checkbox"/> If Ireland, enter the county: _____ If elsewhere, enter the country: _____																
B2.	What is your nationality? 																	
B3. Have you been resident in Ireland for at least 3 of the last 5 years?   N.B. This question must be answered by <u>all</u> applicant's - National's and Non-national's		Yes <input type="checkbox"/> No <input type="checkbox"/> If <u>Yes</u> , go to section C If No, that is, if you have not been living in Ireland for at least 3 of the last 5 years, please fill in your residence details for the last 5 years in the space below. Full Address: _____ _____ _____ Why were you there? (e.g., travel, work or study) _____ How long were you there? From: <table border="1" data-bbox="860 1558 971 1602"><tr><td></td><td></td></tr></table> <table border="1" data-bbox="1023 1558 1133 1602"><tr><td></td><td></td></tr></table> <table border="1" data-bbox="1193 1558 1401 1602"><tr><td></td><td></td><td></td><td></td></tr></table> To: <table border="1" data-bbox="860 1629 971 1673"><tr><td></td><td></td></tr></table> <table border="1" data-bbox="1023 1629 1133 1673"><tr><td></td><td></td></tr></table> <table border="1" data-bbox="1193 1629 1401 1673"><tr><td></td><td></td><td></td><td></td></tr></table>																



Section B: Have you included?**Yes No N/A**

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. A photocopy of your birth certificate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Documentary evidence to show you have current permission to remain in Ireland if you are a non Irish national or a national of another EU member state, the EEA or Switzerland (see pg 8 of Guidance Notes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Documentary evidence of residency in Ireland for 3 of the last 5 years?
Documentary evidence must be included for <u>ALL</u> applicant's. This can be a copy of your Leaving Certificate results. (See pg 10 of Guidance Notes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section C: Applicant's Academic History and Sources of Student Financial Assistance

The applicant must answer all questions in Section C. If a question does not apply to you, please enter "N/A" (not applicable) clearly next to the relevant question.

C1.	Have you completed your Leaving Certificate or equivalent final school exam?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(a)	If yes, what year?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C2.	Have you previously attended:	<div> <div>   </div> <p>*If you answered <u>yes</u> to any of the above course options, please give details of <u>the most recent</u> course you attended*</p> </div>
		A PLC Course? Yes <input type="checkbox"/> No <input type="checkbox"/> An undergraduate course? Yes <input type="checkbox"/> No <input type="checkbox"/> A postgraduate course? Yes <input type="checkbox"/> No <input type="checkbox"/>
(a)	Name of college or institution	<input type="text"/>
(b)	Address of college or institution	<input type="text"/> <input type="text"/>
(c)	Title of course	<input type="text"/>
(d)	On what basis did you attend this course?	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(e)	What was the start date of this course?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(f)	How long was the course (in years)?	<input type="text"/>
(g)	Did you complete this course?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(h)	Qualification you received?	<input type="text"/>
(i)	Have you provided details of all further education courses you have attended?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(If no, include further details in the Additional Information Section)	
C3.	Do you hold or have you ever held a student grant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(a)	If yes, for which academic years did you get the grant?	<input type="text"/>
C4.	Have you ever applied for or will you be getting any other financial assistance from Ireland or abroad for the 2016/17 academic year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please give details	<input type="text"/>
	 	<input type="text"/>





Section C: Have you included?

	Yes	No	N/A
1. A copy of award from your previous attendance on a course? (see pg 11 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Details of all further education courses you have attended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Documentary evidence of other student financial assistance you may receive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Section D: Personal Details of your Parent(s), Legal Guardian(s), Spouse, Civil Partner or Cohabitant



The applicant must answer all questions in Section D. If a question does not apply to you, please enter "N/A" (not applicable) clearly next to the relevant question.

Please include personal details for your **FATHER** below if you are a student dependent on parent(s)/legal guardian(s) or a mature student dependent on parent(s)/legal guardian(s).

<p>D1. 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"/></p> <p>D3. First name(s): <input style="width: 150px;" type="text"/></p>	<p> D2. Surname: <input style="width: 150px;" type="text"/></p> <p>D4. Mother's birth surname: <input style="width: 150px;" type="text"/></p>
<p>D5. Current marital status: Single (never married) <input type="checkbox"/> Married/civil partnership <input type="checkbox"/></p> <p>Cohabiting <input type="checkbox"/> Separated  <input type="checkbox"/> Divorced/former civil partner  <input type="checkbox"/></p> <p>Remarried/widowed/surviving civil partner <input type="checkbox"/></p>	
<p>D6. Home address: <input style="width: 300px;" type="text"/></p>	
<p>D7. Telephone number: Mobile: <input style="width: 100px;" type="text"/> Home: <input style="width: 100px;" type="text"/></p>	
<p>D8. Employment status: Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/></p> <p>Retired <input type="checkbox"/> Student <input type="checkbox"/> Home duties <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/></p>	
<p>D9. Occupation:  <input style="width: 200px;" type="text"/></p>	

Please include personal details for your **MOTHER** below if you are a student dependent on parent(s)/legal guardian(s) or a mature student dependent on parent(s)/legal guardian(s).


<p>D1. 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"/></p> <p>D3. First name(s): <input style="width: 150px;" type="text"/></p>	<p> D2. Surname: <input style="width: 150px;" type="text"/></p> <p>D4. Mother's birth surname: <input style="width: 150px;" type="text"/></p>
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D5. Current marital status: Single (never married) ☐ Married/civil partnership ☐
 Cohabiting ☐ Separated  ☐ Divorced/former civil partner  ☐
 Remarried/widowed/surviving civil partner ☐


D6. Homeaddress: _____

D7. Telephone number: Mobile: Home:



D8. Employment status: Employed ☐ Self-employed ☐ Unemployed ☐
 Retired ☐ Student ☐ Home duties ☐ Other: _____

D9. Occupation: 

Please include personal details for your SPOUSE/CIVIL PARTNER/COHABITANT below if you are an independent mature student.

D1. PPS number:  D2. Surname: _____


D3. First name(s): _____ D4. Mother's birth surname: _____

D5. Current marital status: Single (never married) ☐ Married/civil partnership ☐
 Cohabiting ☐ Separated  ☐ Divorced/former civil partner  ☐
 Remarried/widowed/surviving civil partner ☐

D6. Homeaddress: _____

D7. Telephone number: Mobile: Home:

D8. Employment status: Employed ☐ Self-employed ☐ Unemployed ☐
 Retired ☐ Student ☐ Home duties ☐ Other: _____

D9. Occupation: 

Section D: Have you included?

Yes

No

N/A

1. A copy of your divorce decree or separation agreement? (see pg 12 of Guidance Notes)

☐☐☐


2. Proof that you are living separately?

☐☐☐

Section E: Details of Dependent Children

The applicant must answer all questions in Section E. If a question does not apply to you, please enter "N/A" (not applicable) clearly next to the relevant question.

E1. If you are applying as a student dependent on parent(s)/legal guardian(s) or a mature student dependent on parent(s)/legal guardian(s) please list other dependent children of your parent(s)/legal guardian(s) and your own dependent children, if applicable.

If you are applying as an independent mature student, list your own dependent children and the dependent children of your spouse, if applicable.  

Please give details below of dependent children (including foster children) who, on the 1st of October 2015, were in the following categories:

- (a) Under 16 years of age;**
- (b) 16 years of age or over and in full-time education;**
- (c) 16 years of age or over and medically certified as permanently unfit for work.**

Surname	Name	Date of birth (dd/mm/yyyy)	Category of dependent child: (a), (b) or (c)	School or college this child attended in 2015/16	Relationship to the applicant

E2. Please give details of the children listed above who, in the 2016/17 academic year, will attend a full-time course of further or higher education and training in Ireland or an EU member state.

If you are applying as a student dependent on parent(s)/legal guardian(s), or a mature student dependent on parent(s)/legal guardian(s) you can list your parent(s) or legal guardian(s) below if they, in the 2016/17 academic year, will attend a full-time course of further or higher education and training in Ireland or an EU member state.



Surname	Name	College or Institution student will attend in 2016/17	Course title	Year of course this student will be in for 2016/17	Has this student applied for a grant in 2016/17?	Awarding grant authority





Section E: Have you included?





















	Yes	No	N/A
1. A medical certificate stating that dependent child over 16 is permanently unfit for work? (see pg 13 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Letter from college for any other dependent(or parent/legal guardian), apart from the applicant, who will be attending a full-time course during the 2016/17 academic year? (see pg 13 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>







Section F: Reckonable Income

The applicant must answer all questions in Section F. If a question does not apply to you, please enter "N/A" (not applicable) clearly next to the relevant question.





Please answer all questions in relation to reckonable income details for the **APPLICANT** below











F1.	<p>Were you self-employed in 2015 or engaged in farming? </p> <p>If yes, please enter your total taxable income for the 3 most consecutive years from 2013 onwards (schedule 'D' in Notice of Assessment)</p> <p>2013: € <input type="text"/> 2014: € <input type="text"/> 2015: € <input type="text"/> Average: € <input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
F2.	<p>Were you employed in 2015 on a full-time, part-time or temporary basis? </p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross 2015 income: € <input type="text"/></p>
F3.	<p>Did you receive any social welfare payments in 2015 other than child benefit?(If YES, you will need to complete the 2015 Statement of Social Benefits on page 31 of this application form - Appendix 1) </p> <p>Gross amount received from 1st January 2015 to 31st December 2015?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Type of payment? <input type="text"/></p> <p>€ <input type="text"/></p>
F4.	<p>Did you receive any payment from any government department or state agency, for example, the HSE, Solas or a local authority in 2015?</p> <p>Type of payment? </p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p>













	Gross amount received from 1st January 2015 to 31st December 2015?  	€ <input type="text"/>
F5.	Did you have rental income from any of your land or properties in Ireland or abroad in 2015?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Adjusted profit or loss: € <input type="text"/>
F6.	Were you a proprietary director or shareholder of a limited company in 2015?  	Yes <input type="checkbox"/> No <input type="checkbox"/>
F7.	Did you receive a pension other than a social welfare state pension in 2015?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2015 amount: € <input type="text"/>
F8.	Did you have any income in 2015 from savings, deposit accounts or investments?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2015 amount: € <input type="text"/>
F9.	Did you have any income in 2015 from a maintenance agreement?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2015 amount: € <input type="text"/>
F10.	Did you receive a lump sum payment during 2015 from retirement or redundancy?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross amount received: € <input type="text"/> Number of years worked: <input type="text"/>
F11.	Did you have any income in 2015 from disposal of assets or rights? (If YES, you will need to complete the Disposal of Assets and Rights Table on page 32/33 of this application form - Appendix 2)  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross gain/loss: € <input type="text"/>
F12.	Did you receive any Gifts or Inheritances in 2015? (If YES, you will need to complete the Gifts and Inheritance Table on page 34/35 of this application form - Appendix 3)  	Yes <input type="checkbox"/> No <input type="checkbox"/> Net value: € <input type="text"/>
F13.	Did you receive any other income in 2015 from any sources not mentioned above?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Description: _____ Gross 2015 amount: € <input type="text"/>







F14.	Did you make a legally enforceable maintenance payment in 2015 following separation or divorce?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross amount paid: € <input type="text"/>
F15.	Did you make any pension contributions in 2015?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross amount paid: € <input type="text"/>
F16.	Did you have a permanent change in circumstances in relation to reckonable income since 2015?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide details of these changes: <hr/> <hr/>

Please answer all questions in relation to reckonable income details for your FATHER/LEGAL GUARDIAN and MOTHER/LEGAL GUARDIAN below





		Father/Legal Guardian	Mother/Legal Guardian
F1.	Were you self-employed in 2015 or engaged in farming? If YES, please enter your total taxable income for the 3 most consecutive years from 2013 onwards (schedule 'D' in Notice of Assessment)  	Yes <input type="checkbox"/> No <input type="checkbox"/> 2013 € <input type="text"/> 2014 € <input type="text"/> 2015 € <input type="text"/> Average € <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> 2013 € <input type="text"/> 2014 € <input type="text"/> 2015 € <input type="text"/> Average € <input type="text"/>
F2.	Were you employed in 2015 on a full-time, part-time or temporary basis?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2015 income: € <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2015 income: € <input type="text"/>











		Father/Legal Guardian	Mother/Legal Guardian
F3.	<p>Did you receive any social welfare payments in 2015 other than child benefit? (If YES, you will need to complete the 2015 Statement of Social Benefits on page 31 of this application form - Appendix 1)</p> <p>Type of payment?  </p> <p>Gross amount received from 1st January to 31st December 2015?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>€ <input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>€ <input type="text"/></p>
F4.	<p>Did you receive any payment from any government department or state agency, for example, the HSE, Solas or a local authority in 2015?</p> <p>Type of payment?  </p> <p>Gross amount received from 1st January to 31st December 2015?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>€ <input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>€ <input type="text"/></p>
F5.	<p>Did you have rental income from any of your land or properties in Ireland or abroad in 2015?  </p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Adjusted profit/loss:</p> <p>€ <input type="text"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Adjusted profit/loss:</p> <p>€ <input type="text"/></p>
F6.	<p>Were you a proprietary director or shareholder of a limited company in 2015?  </p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
F7.	<p>Did you receive a pension other than a social welfare state pension in 2015  </p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

















		Father/Legal Guardian	Mother/Legal Guardian
F8.	Did you have any income in 2015 from savings, deposit accounts or investments?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2015 amount: € <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2015 amount: € <input type="text"/>
F9.	Did you have any income in 2015 from a maintenance agreement?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2015 amount: € <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2015 amount: € <input type="text"/>
F10.	Did you receive a lump sum payment during 2015 from retirement or redundancy?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross amount received: € <input type="text"/> Number of years worked: <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross amount received: € <input type="text"/> Number of years worked: <input type="text"/>
F11.	Did you have any income in 2015 from disposal of assets or rights? (if YES, you will need to complete the Disposal of Assets and Rights Table on page 32/33 of this application form - Appendix 2)  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross gain/loss: € <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross gain/loss: € <input type="text"/>
F12.	Did you receive any gifts or Inheritances in 2015? (if YES, you will need to complete the Gifts and Inheritances Table on page 34/35 of this application form - Appendix 3)  	Yes <input type="checkbox"/> No <input type="checkbox"/> Net value: € <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Net value: € <input type="text"/>
F13.	Did you receive any other income in 2015 from sources not mentioned above?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Description: _____ _____ Gross 2015 amount: € <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Description: _____ _____ Gross 2015 amount: € <input type="text"/>



		Father/Legal Guardian	Mother/Legal Guardian
F14.	Did you make a legally enforceable maintenance payment in 2015 following a separation or divorce?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross amount paid: € <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross amount paid: € <input type="text"/>
F15.	Did you make any pension contributions in 2015?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross amount paid: € <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross amount paid: € <input type="text"/>
F16.	Did you have any permanent change in circumstances in relation to reckonable income since 2015?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide details of these changes: _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide details of these changes: _____ _____

Please answer all questions in relation to reckonable income details for your SPOUSE, CIVIL PARTNER or COHABITANT below

F1.	Were you self-employed in 2015 or engaged in farming?  	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please enter your total taxable income for the 3 most consecutive years from 2013 onwards (schedule 'D' in Notice of Assessment)		
2013: € <input type="text"/> 2014: € <input type="text"/> 2015: € <input type="text"/> Average: € <input type="text"/>		
F2.	Were you employed in 2015 on a full-time, part-time or temporary basis?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2015 income: € <input type="text"/>

F3.	<p>Did you receive any social welfare payments in 2015 other than child benefit? (If YES, you will need to complete the 2015 Statement of Social Benefits on page 31 of this application form - Appendix 1)</p> <p> </p> <p>Gross amount received from 1st January 2015 to 31st December 2015?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Type of payment? <input type="text"/></p> <p>€ <input type="text"/></p>
F4.	<p>Did you receive any payment From any government department or state agency, for example, the HSE, Solas or a local authority in 2015?</p> <p> </p> <p>Type of payment?</p> <p>Gross amount received from 1st January to 31st December 2015?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="text"/></p> <p>€ <input type="text"/></p>
F5.	<p>Did you have any rental income from any of your land or properties in Ireland or abroad in 2015?</p> <p> </p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Adjusted Profit or Loss: € <input type="text"/></p>
F6.	<p>Were you a proprietary director or shareholder of a limited company in 2015?</p> <p> </p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
F7.	<p>Did you receive a pension other than a social welfare state pension in 2015?</p> <p> </p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gross 2015 amount: € <input type="text"/></p>

F8.	Did you have any income in 2015 from savings, deposit accounts or investments?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2015 amount: € <input type="text"/>
F9.	Did you have any income in 2015 from a maintenance agreement?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross 2015 amount: € <input type="text"/>
F10.	Did you receive a lump sum payment during 2015 from retirement or redundancy?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross amount received: € <input type="text"/> Number of years worked: <input type="text"/>
F11.	Did you have any income in 2015 from disposal of assets or rights? (If YES, you will need to complete the Disposal of Assets and Rights Table on page 32/33 of this application form - Appendix 2)  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross gain/loss: € <input type="text"/>
F12.	Did you receive any Gifts or Inheritances in 2015? (If YES, you will need to complete the Gifts and Inheritance Table on page 34/35 of this application form - Appendix 3)  	Yes <input type="checkbox"/> No <input type="checkbox"/> Net value: € <input type="text"/>
F13.	Did you receive any other income in 2015 from any sources not mentioned above?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Description: _____ Gross 2015 amount: € <input type="text"/>
F14.	Did you make a legally enforceable maintenance payment in 2015 following a separation or divorce?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross amount paid: € <input type="text"/>
F15.	Did you make any pension contributions in 2015?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Gross amount paid: € <input type="text"/>

F16.	Did you have a permanent change in circumstances in relation to reckonable income since 2015?  	Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide details of these changes: <hr/> <hr/>
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Note: If you, your parent(s), Legal guardian(s), spouse, civil partner or cohabitant, as applicable, fail to complete the relevant sections or fail to provide the documents we need, we will advise you and we may return the application form to you.

This will delay the processing of your grant application and may delay payment if your application is successful.

**Section F: Have you included
for all relevant persons ?**

	Yes	No	N/A
1. Notice of assessments and copies of your accounts for 2013, 2014 and 2015? (see pg 15 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. A P60 for 2015 employment? (see pg 16 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Appendix 1 - statement from the Department of Social Protection showing all earnings from the 1st January 2015 to the 31st December 2015? (see pg 17 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Documentation showing 2015 payment from any other state agency? (see pg 17 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Documentation showing adjusted profit or loss from rental income? (see pg 18 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Documentation regarding shareholding in a limited company? (see pg 18 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Documentation showing 2015 private pension? (see pg 19 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Documentation showing 2015 income from savings, deposit accounts or investments?(see pg 19 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Documentation showing 2015 income from maintenance? (see pg 20 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section F: Have you included
for all relevant persons ?**

	Yes	No	N/A
10. Documentation showing lump sum payments from retirement or redundancy?(see pg 20 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. A Disposal of Assets and Rights table found on page 32/33 of this application form? - Appendix 2 (see pg 21 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. A Gifts and Inheritances table found on page 34/35 of this application form? - Appendix 3 (see Pg 22 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Documentation showing any other sources of 2015 income not mentioned in section F? (see pg 22 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Documentation showing any maintenance Payments made in 2015? (see pg 23 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Documentation showing any pension contributions made in 2015? (see pg 23 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Documentation relating to a permanent change in circumstances since 2015? (see pg 24 of Guidance Notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information Section

If you are providing extra information below please clearly mark the section and question number to which it relates.

[illegible]

Data Protection Statement

The information you give on this form will be used to administer your application for a student grant. The contact details you give will be used solely to make further contact with you about your application for a student grant, where necessary.

The awarding authority will treat all information and personal data as confidential. Teagasc may ask for other information or documents if needed to process your application.

The awarding authority may also disclose any information you supply to a person as listed in the Statutory Instruments, Student Grant Scheme 2016 document, which includes government departments and public bodies for example, the Revenue Commissioners, the Department of Social Protection, the Department of Justice and Equality and further and higher education institutes so that it can:

- obtain information to decide whether you are eligible for a student grant;
- verify information that you have supplied including your Personal Public Service (PPS) number;
- assist in processing your student grant application and paying the student grant;
- verify that you are registered on and continuing to attend an approved course at an approved institution.

The awarding authority may also refer information that you have supplied to the Department of Education and Skills for clarification on the interpretation of the relevant grant scheme.

The awarding authority may also transfer information that you have supplied to another awarding authority if appropriate or necessary.

The awarding authority may store the information you supply on a student grants database.

The awarding authority and the Department of Education and Skills will keep your information to carry out audits, reviews and inspections of student grants according to their data retention policies.

Declaration

I/We declare that all the information that I/we have given on this form together with the supporting documentary evidence is complete and accurate.

I/We will tell my/our awarding authority immediately if my/our means or circumstances change. I/We understand that the contact details I/we have given on this form will be used solely to make further contact with me/us about this application.

I/We understood the data protection statement and I/we accept its content.

I/We consent to the disclosure of the information supplied to a person listed in the Statutory Instruments, Student Grant Scheme 2016 document for the purposes outlined in the data protection statement.

Student Dependent on Parent(s) or Legal Guardian(s):

Signature of Applicant (not block capitals)

Date

Signature of Applicant's father/legal guardian

Date

Signature of Applicant's mother/legal guardian

Date

Mature Student Dependent on Parent(s) or Legal Guardian(s):

<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"/>
Signature of Applicant (not block capitals)	Date		
<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"/>
Signature of Applicant's father/legal guardian	Date		
<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"/>
Signature of Applicant's mother/legal guardian	Date		

Independent Mature Student

<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"/>
Signature of Applicant (not block capitals)	Date		
<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"/>
Signature of Applicant's spouse/civil partner/cohabitant	Date		

Warning: If you, your parent(s), legal guardian, spouse, civil partner or cohabitant, as applicable, knowingly leaves out relevant information or provides information that is false or misleading, you are guilty of an offence and will be prosecuted. Such prosecution may lead to a fine, a prison term or both. Details of offences and penalties are set out in section 23 of the Statutory Instruments, Student Grant Scheme 2016 document.

Teagasc Student Maintenance Grant Application Form 2016/17

2015 Statement of Social Benefits

This statement must be completed and certified by the Department of Social Protection.

Name of Claimant: _____

Type of Payment(s): _____

Gross amount received in 2015 (1st January – 31st December): _____

Amount Qualified Adult Allowance received if applicable: _____

Amount Child Dependent Increase if applicable: _____

Date the payment(s) started: _____

Date the payment(s) ceased: _____

I hereby certify as correct the above information in connection with the named claimant.

Signed: _____

Date: _____

Official Stamp:

Disposal of Assets or Rights Table

If you, your parent(s), legal Guardian(s), spouse, civil partner or cohabitant, as applicable, received income from the disposal or assets or rights in 2015 (other than the exceptions listed below), you will need to complete the **Disposal of Assets or Rights table** below detailing the gain or loss which arose.

The amount to be included for reckonable income for each disposal is the actual gain or loss divided by the number of years for which the asset or right was held.

Losses arising from the disposal of an asset can be offset against all other sources of income in the reference period.

You must give details of all gains and losses on the disposal of assets or rights, whether or not they were exempt from Irish Capital Gains Tax or a foreign equivalent.

The exceptions are:

- The disposal of a principal private residence except where the sale price reflects development value.
- In the case of an independent mature student:
 - Disposals between and applicant and his or her spouse, civil partner or cohabitant.
 - Disposals from an applicant or his or her spouse to their dependent children.
- In the case of all other applicants:
 - Disposals between parent(s) or legal guardian(s).
 - Disposals from parent(s) or legal guardian(s) to an applicant.
 - Disposals from parent(s) or legal guardian(s) to their dependent children.

This table can be completed by your accountant or financial advisor.



Disposal of Assets or Rights Table

	Name of person who disposed of the asset or right?	
	Description of the asset or right?	
A	Date of disposal or asset or right	
B	Date of acquisition of asset or right	
C	Original cost of asset or right	
D	Enhancement Expenditure	
E	Total cost (C+D)	
F	Disposal price of asset or right	
G	Incidental costs of disposal	
H	Net disposal price (F-G)	
I	Gain/loss on disposal (H-E)	
J	Number of years held (A-B)	
K	Reckonable gain/loss (I/J)	

Appendix 3:

Gifts and Inheritance Table

If you, your parent(s), legal guardian(s), spouse, civil partner or cohabitant, as applicable, received gifts or inheritances in 2015, you must complete a **Gifts and Inheritance Table**.

We need details of all gifts and inheritances even if you did not have to report them to the Revenue Commissioners for Capital Acquisitions Tax purposes.

The only exceptions are:

- In the case of an independent mature student, gifts and inheritances between the applicant and his or her spouse, civil partner or cohabitant.
- In the case of all other applicants:
 - Gifts and inheritances between parent(s) or legal guardian(s).
 - Gifts and inheritances to the applicant from his or her parent(s) or legal guardian(s).

This table can be completed by your accountant or financial advisor.



Gifts and Inheritance Table

To be completed in relation to gifts and inheritance received between the 1st of January, 2015 to the 31st of December, 2015.

- Disponer – The person who was the source of the particular gift or inheritance
- C.A.T – Capital Acquisition Tax

	Name of the recipient of gift or inheritance	
	Disponer Name	
	Relationship of disponer to recipient	
	Date of gift or inheritance	
	C.A.T. file number (if any)	
	Description of gift or inheritance	
A	Market value of gift or inheritance	
B	Liabilities and costs (if any)	
C	Consideration (if any)	
D	Value before C.A.T. (A-B-C)	
E	C.A.T paid (if any)	
F	Net value (D-E)	

Teagasc Student Maintenance Grant 2016/17:

Application Checklist

Before posting your application, ensure that you have:

- ☐ All applicable sections completed in full by the applicant, parent(s), legal guardian(s), spouse, civil partner or cohabitant; where appropriate.
- ☐ The declaration on page 29/30 signed by the applicant and, where applicable, the parent(s), legal guardian(s), spouse, civil partner or cohabitant.
- ☐ Provided a working email address which Teagasc will use for verification and communication purposes.
- ☐ Outlined clearly which college you will be attending.
- ☐ Specified clearly which category of applicant you belong to – Student dependent on parent(s)/legal guardian(s), Mature student dependent on parent(s)/legal guardian(s), Independent mature student.
- ☐ Included a copy of your birth certificate.
- ☐ Provided proof of residency for three of the last five years i.e. a copy of your Leaving Certificate results or financial documents for those years.
- ☐ Included full details of all dependent children and provided additional information on those dependent children who will be attending further or higher education in the 2016/17 academic year.
- ☐ Provided all documentary evidence, as outlined in the application, with regard to reckonable income of the applicant, parent(s), legal guardian(s), spouse, civil partner or cohabitant; where appropriate.
- ☐ Included all other supplementary documentation required according to the Guidance Notes for Completing the Student Grant Application Form 2016/17.

All queries should be directed to: teagascmaintenancegrant@southwestern.ie or 1890 261 000

Teagasc Colleges and Centres are not in a position to answer queries on the Teagasc Student Maintenance Grant Scheme.

Fully completed applications and supplementary documentation must be sent to:

**Teagasc Maintenance Grant
PO Box 46
Clonakilty
Co. Cork**

Closing date: 23rd of September, 2016