

Final Course Acceptance Form – FA2

Post Leaving Certificate (PLC) Course in Ireland

This form should be completed after you have made your final acceptance of a place on an approved full-time Post Leaving Certificate (PLC) course in Ireland and have applied for a student grant for 2010/11.

Part 1 – Candidate's personal details

Your Name: _____

Your Home Address: _____

Your PPS No:

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Your Date of Birth:

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Your Telephone No:

Mobile: _____

Home: _____

Part 2 – Course details and sources of student financial assistance

The approved full-time course which I have accepted and will pursue in 2010/11 is as follows:

Title of Approved Course: _____ Name of College: _____

Address of College: _____

Level of Course: FETAC Level 5 FETAC Level 6 Other _____
(please tick ✓) (please specify)

Course Duration: 1 year 2 years
(please tick ✓)

Course Year in 2010/11: Year 1 Year 2
(please tick ✓, i.e. what year are you entering this academic year?)

Please confirm if this course is full-time: Yes No
(please tick ✓)

Have you applied for or will you be getting a Back to Education Allowance (BTEA) or a Vocational Training Opportunities Scheme (VTOS) payment for the 2010/11 academic year? Yes No

Have you applied for or will you be getting any other student financial assistance from Ireland or abroad for the 2010/11 academic year? Yes No

If Yes, please give details of all awards/funds from the awarding/funding body or Department and the full amount, including fees, that you will get in 2010/11:

Part 3 – Declaration and Signature

Declaration:

I certify that the above information is correct and that the course I am attending is a full-time course.

I undertake to notify the local authority/VEC in my home area immediately of any change in my course, college or institution, duration, attendance pattern, social welfare entitlement or other student financial assistance.

I will also notify the local authority/VEC if I defer attendance on this course or if, having commenced the course, I cease to continue to attend.

Signature of Candidate: _____ Date: _____

Please note this form must be completed in full and returned to your local authority/VEC.