



EUROPEAN UNION
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European Social Fund



Student Grant Review Form 2015/16

STUDENT NAME:

STUDENT REF. NO:

DO NOT COMPLETE THIS FORM if in the 2015/16 academic year, you are changing your course or progressing to a new course (be it an add-on course or otherwise). You need instead to make a **NEW** application online to the new single awarding authority SUSI, through www.studentfinance.ie

- You must complete this form, if in the 2015/16 academic year, you are continuing your studies on your current course and you were in receipt of a grant from Kerry Education and Training Board (formerly Kerry Education Service) for any year of your current course.

In order that your eligibility for a student grant may be reviewed for the 2015/16 academic year we will need or re-assess your application. Your application is currently subject to:

Re-assessment

Please complete **ALL** sections and send in documentary evidence for all sections. Please ensure you sign the relevant declaration(s) on page 10. A detailed list of documentary evidence required is available at the back of this form. Please note that your student grant will not be renewed for 2015/16 until all documentation has been submitted and your review has been completed.

- Section G must **NEVER** be left blank. Applications with section G left blank will be returned to you.
- If a question does not apply to you, please enter 'N/A' (not applicable).
- If you fail to complete the relevant sections or fail to provide the documents we need, this will delay the renewal of your grant and may delay payment if your renewal application is successful.

CLOSING DATE FOR RECEIPT OF APPLICATIONS: 31st August 2015

Please forward to: Student Grants Section, Further Education & Training Department, Kerry ETB, Centrepont, John Joe Sheehy Road, Tralee, Co. Kerry

Section A**Applicant's personal details**

Your PPS No.:

Your surname:

Your first names(s):

Your date of birth:

DD /MM/ YYYY

Are you:

- | | | | |
|-----------------------------------|--------------------------|------------|--------------------------|
| Single (never married) | <input type="checkbox"/> | Cohabiting | <input type="checkbox"/> |
| Married/in a civil partnership | <input type="checkbox"/> | Separated | <input type="checkbox"/> |
| Divorced/a former civil partner | <input type="checkbox"/> | Remarried | <input type="checkbox"/> |
| Widowed/a surviving civil partner | <input type="checkbox"/> | | |

Your home address:

(This is your home address and not where you live while attending college.)

Has your home address changed since your student grant application was made or last reviewed? Yes No If YES, please provide your new home address:

What is the distance from your home address to college? _____ kms

Your telephone number: _____

Mobile

Home

Your email address: _____

Section B**Continuation of student grant in 2015/16**

If you wish to have your student grant renewed for the 2015/16 academic year please proceed to Section C.

If you do not wish to have your student grant renewed in 2015/16 please tell us the reason, sign and date the declaration below and return this completed part of the form to your grant awarding authority.

Declaration

I DO NOT wish to have my grant renewed in 2015/16 for the reason specified below:

- I have completed my current course
- I have deferred my current course
- I have withdrawn from my current course
- I have failed my end of year exams
- Other (please specify) _____

Signature of Applicant: _____ Date: _____

Section C**Applicant's nationality and immigration status****1. Current Immigration Status**

If you are not an EU, EEA or Swiss national, on what basis are you staying in Ireland? _____

What date was your current permission granted? DD /MM/ YYYY

What date is your current permission due to expire? DD /MM/ YYYY

Has your current permission been renewed? Yes No

Has the basis you are staying in Ireland changed? Yes No

 Documentary Evidence:

If the basis you are staying in Ireland has expired and was renewed or changed since your student grant application was made or last reviewed, you must send us the Department of Justice and Equality letters issued to you confirming details of your immigration status in the State, your current GNIB (Garda National Immigration Bureau) Certificate of Registration cards or a certified copy¹ of your passport as evidence.

2. Current Nationality Status

Have you become an Irish national or the national of another EU Member State since your student grant application was made or last reviewed? Yes No

(a) If "YES" what nationality did you get? _____

(b) On what date did you get this nationality? DD /MM/ YYYY

 Documentary Evidence:

You must include official documentation from Department of Justice and Equality to confirm this nationality.

Section D**Applicant's academic history and sources of student financial assistance****1. Course of further or higher education completed in 2014/15:**

(a) Name of college attended in 2014/15: _____

(b) Type of course: Further Education or PLC Undergraduate Postgraduate

(c) On what basis did you attend? Full-Time Part-time

(d) Title of course attended in 2014/15: _____

(e) What year of the course did you finish in 2014/15: 1st year ; 2nd year ; 3rd year ; 4th year ; 5th year

(f) Qualification² received at the end of 2014/15 (if you have no qualification write none) _____

(g) Did you leave or defer your course in 2014/15? Yes No

 Documentary Evidence:

If you left or deferred the course please submit a letter from the college to confirm this.

¹ This is a document which has been stamped and signed as being a true copy of the original by a member of the Garda Síochána or a Commissioner of Oaths. The person certifying the copy must provide his or her name, address and telephone number.

² Example include FETAC level 5, FETAC level 6, certificate, higher certificate, diploma, ordinary degree, honours degree, higher diploma, postgraduate diploma, masters, PhD

2. Will you be continuing on the same course in 2015/16? Yes No

(a) If YES what year of the course will you study in 2015/16?

1st year ; 2nd year ; 3rd year ; 4th year ; 5th year

3. Will you be studying abroad in 2015/16 as part of your course? Yes No

If yes, is the period of study (i) compulsory? Yes No

(ii) optional? Yes No

What will be the duration of your study abroad? _____ Year(s)

4. Will you have a paid or unpaid placement in 2015/16 as part of your course? Yes No

If yes, please supply details (e.g. duration, payment details etc.): _____

5. (A) Were you in receipt of any of the following payments during the 2014/15 academic year:

(i) BTEA Yes No

(ii) Any payment from the Department of Social Protection (a social welfare payment) Yes No

If yes, what was the name of the payment? _____

(B) Have you applied for or will you be getting any of the following payments for the 2015/16 academic year?

(i) BTEA Yes No

(ii) Any payment from the Department of Social Protection (a social welfare payment) Yes No

If yes, what payment have you applied for or will you be getting? _____

6. Have you applied for or will you be getting any other student financial assistance³ from Ireland or abroad for the 2015/16 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, which you will get in 2015/16: _____

Documentary Evidence:

You must send us a letter from the awarding or funding body which has the following information:


- The name of the awarding or funding body, and
- A breakdown of the full amount in Euro to be awarded, for example, for maintenance, fees and so on.

³ Financial assistance includes scholarships, awards, sponsorship, bursaries, prize or student grant


Section E


Examination Results

1. Did you pass your exams at the end of the 2014/15 academic year? Yes No

 If Yes, you must send us your examination results for 2014/15 with this form (if you don't have them yet please forward them as soon as they are available).

If No, will you be repeating your exams? Yes No

 You must send us your repeat examination results as soon as they are available.


 If you are not required to sit exams as part of your assessment please provide written confirmation from your College that you have been accepted and registered on to the next year of your course.

Section F



Change in circumstances - Reckonable Income

	Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant
1. Did the reckonable income change during the 2014 tax year (between 1 Jan 2014 and 31 Dec 2014)? *	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Did the reckonable income change after the 2014 tax year (i.e. from the 1st January 2014 onwards)? *	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, did you, your parent(s), legal guardian, spouse, civil partner or cohabitant, as applicable, tell us of this change?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has there been any change in any Social Welfare, Health Service Executive or FÁS payment you were in receipt of since 1 st January 2014 (i.e. has the type of payment changed, are you now in receipt of any such payment or has the payment you were on ceased)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

* (e.g. did you, your parent(s), legal guardian, spouse, civil partner or cohabitant, as applicable, change employment, get promoted, retire, made redundant, reduce working hours, increase working hours, become self-employed, cease trading, commence/cease/change a Health Service Executive (HSE) payment or social welfare payment?)

If any of the changes above happened then you, your parent(s), legal guardian, spouse, civil partner or cohabitant please state the information in Section G and provide documentary evidence as indicated.  The change may affect the rate of student grant you are entitled to in the 2015/16 academic year. If you did not already tell us about the change in circumstances indicated above please now outline briefly below the details of the change that happened and when it happened.


Dependent Children

	Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant
4.	Has the number of dependent children changed since your student grant application was made or last reviewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	<p>Will there be a change in the number of dependent children or relevant persons who, in the 2015/16 academic year, will attend a full-time course of further or higher education and training in Ireland or an EU Member State? </p> <p> Documentary Evidence If there are 2 or more dependent children or relevant persons attending a full-time course of at least one year's duration, as specified in the student grant scheme, you must send us a letter from the college or institution confirming that the student(s) will be attending a full-time course in 2015/16.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Any other change in circumstances







6. Did you have any other change in circumstances that you feel may affect your student grant application for 2015/16?











Yes No

If yes, please provide details along with documentary evidence. 

Section G

Reckonable Income

	Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant
1.	<p>Were you employed in 2014 on a full-time, part-time or temporary basis? </p> <p>If Yes, enter the total gross income from all employments including any benefit-in-kind in 2014.</p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>
2.	<p>Did you receive any social welfare payments in 2014 other than child benefit? </p> <p>If Yes, list the name of the payment(s)</p> <p>_____</p> <p>_____</p> <p>and</p> <p>enter the total gross amount received from 1 January 2014 to 31 December 2014.</p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>€ _____</p>
3.	<p>Did you receive a payment from any other government department or state agency, for example, the Health Service Executive (HSE), FÁS, a local authority, and so on, in 2014? </p> <p>If Yes, list the name of the payment(s)</p> <p>_____</p> <p>_____</p> <p>and</p> <p>enter the total gross amount received from 1 January 2014 to 31 December 2014.</p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>€ _____</p>
4.	<p>Were you self-employed or engaged in farming in 2014? </p> <p>If Yes, enter the adjusted profit or loss for income tax purposes for the 2014 tax year.</p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>
5.	<p>Did you have rental income from any of your land or properties in Ireland or abroad in 2014? </p> <p>If Yes, enter the adjusted profit or loss for income tax purposes for the 2014? tax year.</p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>
6.	<p>Were you a proprietary director or shareholder of a limited company in 2014? </p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

	Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant	
7.	<p>Did you receive a pension other than a social welfare state pension in 2014? </p> <p>If Yes, enter the total gross amount.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>
8.	<p>Did you have any income in 2014 from savings, deposit accounts or investments? </p> <p>If Yes, enter the total gross income earned.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>
9.	<p>Did you have any income in 2014 from a maintenance arrangement? </p> <p>If Yes, enter the total gross amount.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>
10.	<p>Did you receive a lump sum payment during 2014 from retirement or redundancy? </p> <p>If Yes, enter the total gross amount received and the number of relevant years worked</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p> <p>Years: _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p> <p>Years: _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p> <p>Years: _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p> <p>Years: _____</p>
11.	<p>Did you have any income in 2014 from disposals of assets and rights? </p> <p>If Yes, you will need to complete a Disposal of Assets and Rights Table and enter the gain or loss for grant purposes.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>
12.	<p>Did you have any income in 2014 from gifts or inheritances? </p> <p>If Yes, you will need to complete a Gifts and Inheritances Table and enter the net value.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>
13.	<p>Did you receive any other income in 2014 from any sources not mentioned above? </p> <p>If Yes, please provide:</p> <p>Description of income and enter the total gross amount received.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>€ _____</p>
14.	<p>Did you make a legally enforceable maintenance payment in 2014 following separation or divorce? </p> <p>If Yes, enter the total gross amount paid.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>
15.	<p>Did you make any pension contributions in 2014? </p> <p>If Yes, enter the total amount paid.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>€ _____</p>
16.	<p>Did you have a permanent change in circumstances in relation to reckonable income since 2014? </p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Data Protection Statement

The information you give on this form will be used to review 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 and the Department of Education and Skills have a duty to protect public funds and may use the information you give to prevent and detect fraud by giving information to the relevant authorities if appropriate or necessary. We may disclose information you supply to other government departments and public bodies in order to process your grant application.

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 in accordance with its data retention policy.

For a full copy of our Data Protection Statement please refer to your initial student grant application.

Checklist

Before you return this form to your awarding authority, please make sure that you have:

- fully answered all questions and that your parent(s), legal guardian, spouse, civil partner or cohabitant, as applicable, have done so as well.
- enclosed all the documents which have been asked for as evidence (look for this icon  next to a question to find out what documents are needed. You must submit original documents (not photocopies) unless otherwise stated.
- signed and dated the relevant declaration(s) on page 10.

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

I/We consent to the disclosure of the information supplied to other government departments and public bodies including the Revenue Commissioners, the Department of Social Protection, the Department of Justice and Equality, the Department of Agriculture, Marine and Food, and further and higher education institutions for the purposes outlined in the data protection statement.

Student dependent on parent(s) or legal guardian:

Signature of applicant (not block capitals):	<input type="text"/>	Date:	<input type="text"/>
Signature of applicant's father or legal guardian:	<input type="text"/>	Date:	<input type="text"/>
Signature of applicant's mother or legal guardian:	<input type="text"/>	Date:	<input type="text"/>

Mature student dependent on parent(s) or legal guardian:

Signature of applicant (not block capitals):	<input type="text"/>	Date:	<input type="text"/>
Signature of applicant's father or legal guardian:	<input type="text"/>	Date:	<input type="text"/>
Signature of applicant's mother or legal guardian:	<input type="text"/>	Date:	<input type="text"/>

Independent mature student:

Signature of applicant (not block capitals):	<input type="text"/>	Date:	<input type="text"/>
Signature of applicant's spouse/civil partner or cohabitant	<input type="text"/>	Date:	<input type="text"/>

WARNING: If you, your parent(s), legal guardian, spouse, civil partner or cohabitant, as applicable, knowingly make a false statement or knowingly withhold information, you will lose your grant and will have to repay any portion of a grant that you have already received. You, your parent(s), legal guardian, spouse, civil partner cohabitant, as applicable, may also be prosecuted leading to a fine, a prison term or both.

Documentary Evidence Required

Examination Results

If you have passed your examinations and are progressing to the next year of your course in 2015/2016 a copy of your examination results are required (when available).

Details of Dependent Children

Reckonable income limits may be increased in respect of other children attending a full time Third Level course, Post Leaving Certificate course, Garda Training, Fáilte Ireland or Teagasc Courses or full time course of further education in Northern Ireland - a letter confirming that the student(s) will be attending full time in 2015/2016 is required.

Income Details

(Father/Mother/Guardian and Candidate's income documents required for the tax year 2014)

If source of income is from EMPLOYMENT (e.g. PAYE) the following documentation is required:-

- P21 for year ended 31st December 2014 - i.e. PAYE Balancing Statement
- P60 for year ended 31st December 2014 for each employment
- P45 if employment ceased

If source of income is from SELF-EMPLOYMENT the following documentation is required:-

- A certified copy of accounts (Trading & Profit/Loss) for year ended 31st December 2014
- Income Tax Computation
- Notice of Assessment (obtained from the Inspector of Taxes) for year ended 31st December 2014

If source of income is from SOCIAL WELFARE the following documentation is required:-

- A letter from the Department of Social Protection showing the total amount of Pension/Unemployment/Disability Benefit/Assistance received by Father/Mother/Guardian and candidate for year ended 31st December 2014 including a breakdown of Child Dependent Allowance (C.D.A.)

If source of Income is from PENSIONS (excluding Social Welfare) the following documentation is required:-

- P60 for year ended 31st December 2014
- P21 for year ended 31st December 2014

If retirement took place during the year ended 31st December 2014, it will be necessary to supply the following information:-

- Date employment ceased
- Gross amount of Lump Sum if received within the year ended 31 December 2014
- Number of years in that employment & Gross Annual Pension

Income not covered by Section 1 - 4

- Gross Dividends, annuities and such like for the year ended 31st December 2014
- Gross interest from Deposit Accounts/Investments/SSIA for the year ended 31st December 2014
- Total income derived from rental of land/premises
- Income from Maintenance Arrangements, Separation/Divorce Agreements, Settlements, Trusts, Covenants, Estates, etc
- Disposal of Assets & Rights
- Gifts & Inheritances
- Gross income derived from any other sources for the year ended 31st December 2014

Note: In certain circumstances further documentation may be required