Local & Community Development Programme 2014

South Kerry Development Partnership Ltd

Services to the Unemployed: Tom Mc Bride Bursary Quality Training Support Code Goal 2

Application Form

Closing date for all applications- 5pm- September 12th 2014.

Section I

Personal Details Name:	
Address:	
Date of Birth:	
Tel No	e-mail:
PPS No	
Mobile No	
Section 2	
Course Details	
Title of Course	
Name of College	
Venue of Course	
Year of study	Length of Course
Full time course Pa	art time course
Number of hours per week	
Qualification & Certificate Aw	rarded
Section 3	
Educational Qualificati	ons and Present Status
	qualifications prior to your enrolment in you
course?	П
No qualifications	
Group Certificate	П
Intermediate/Junior Certificate	П
•	
Leaving Certificate Third Level Qualification	☐ ☐ Please specify

Other (e.g. VTOS/PLC – FETAC)	
Pre Training Status	
Prior to enrolling on your present course w	hat was your employment status?
(Please tick the appropriate box) Low Income Smallholder Long term unemployed (more that 12 months) Unemployed (less than12 months) Employed (prior to commencing training) Full Time Education Other (i.e. carer)	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Section 4 Target Group This programme is intended to assist those on details of the difficulties you are having. In y/other difficulties you may have i.e. number o	our answer make reference to financial
Relevance of Course	
Please give a description of the proposed educthis course will benefit you in your career.	cation / training course and explain how

Section 5

Financial Details

Candidate Budget - weekly	€
Family Income – work / farming	
Lone Parent Payment	
B.T.E.I / other education allowance	
Disability allowance	
C.E. / Farm Assist / Rural Social Scheme	
Unemployment Benefit / Assistance	
Other funding	
Other	

<u>Funding Required</u>: - specify receipted expenses -fees, travel, childcare etc.

Element	Total Cost	Funding Sought	Other Source
		From SKDP	
	€	€	€
	€	€	€
	€	€	€
Total	€	€	€

Please indicate where you heard about the Tom McBride Bursary Fund (For					
example: newspaper, radio, local adult education centre etc)					

Declaration:

I hereby apply for Local Community Development Programme towards the cost of the project described above. I declare that all the information given in this form is true and correct.

- Please include relevant details on the proposed course. i.e. brochure etc.
- Valid receipts or invoice from college will be necessary if application is successful
- Evidence of course registration
- A progress /final report will be required.

The South Kerry Developm	nent Partnership will check information given by applicants
with relevant agencies.	
Signed:	Date:
Development Partnership I Tel: 066-9761615 Fax: 066 Please note bursaries can college fees, books, accom	ane, Education & Training Officer, South Kerry Ltd, Library Place, Killorglin, Co. Kerry. 5-9762059 Email: jlane@skdp.net only be paid on receipt of receipted expenses such as a modation or childcare. No funding will be paid out the sent in. We cannot accept photocopies.
uniess originai receipts ar	e sent in. We cannot accept photocopies.
	For official use only:
Candidates Full Name:	
Date of receipt of	
application:	
Decision:	
Approved/Disapproved: Reason for refusal:	
College being attended:	
Course being attended:	
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