

# Tralee VTOS Application Form

Tralee VTOS, Clash, Tralee, Co Kerry. Tel: 066-7121041 Mobile: 086-0278978 e-mail: info@traleevtos.ie Website: www.traleevtos.ie

## Personal Details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Tel No: \_\_\_\_\_ e-Mail Address: \_\_\_\_\_

PPS No: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

## Eligibility:

	From	To	Amount
Jobseekers Allowance			
Jobseekers Benefit			
Dependant Spouse/Partner			
Disability Allowance/Benefit			
Invalidity Benefit			
One Parent Family Payment			
Credits			
Other (Please Specify)			

## Education & Course Details:

Education	Tick
Primary School	
Junior/Inter/Group Cert	
Leaving Cert	
Other (Please Specify)	

VTOS Course	Tick
Leaving Cert	
QQI Level 3	
QQI Level 4	

Applicant details may be added to PLSS database which is a tracking database and is used for tracking and communicating with applicants/students.

I declare that the above information is true and accurate and I consent to my details being added to the PLSS Database:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



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Kerry ETB wish to acknowledge the help and assistance from the Department of Education & Skills, Enterprise & Employment, Social Community & Family Affairs and the EU Social Fund in administering the VTOS programme.