Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

TAP
Trinity Access Programmes

University of Dublin, Trinity College

Application Form 2017/18
Liberties University Access Course
Facilitated Entry Scheme

Application forms must be returned to

LIBERTIES COLLEGE, Bull Alley Street, Dublin 8.

By Friday 1st September 2017

Please note that incomplete applications will not be considered.

Please complete all sections of the form in **BLOCK** capital letters.

PART 1: ABOUT YOU

This part of the application form asks about your personal details.

First Name(s):															**Gender:** (please tick)	Male	Female

Surname: (as on Birth Cert)															**Date of Birth:** (21 years of age or under on 1st Jan 2017)	Day	Month	Year

Country of Birth:		**Nationality**	

Current Address	**Contact Details**
House Name:	Mobile Phone:
Number of House:	Phone:
Address Line 1:	Email Address:
Address Line 2:	PPSN Number:
Address Line 3:	CAO Number (if applicable):
Address Line 4:	
Area or town:	
County:	

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PART 2: ABOUT YOUR SCHOOL

This part of the application form asks about the secondary school(s) you attend(ed).

Second Level School(s) Attended (name and address)	**Date of attendance**	
	From	**To**

Second Level Examinations: must be completed in full					
	Junior Certificate			**Leaving Certificate**	
Year of Examination				**(Please note you must include most recent exam results: i.e. 5th yr, Christmas or pre-Leaving Cert.)** Please include a copy of your Leaving Certificate results.	
Subjects	Level of Exam	Grade or Mark		Level of Exam	Grade or Mark
e.g. English	**H**	**C1**		**Higher**	**H5**
Irish					
English					
Maths					
History					
Geography					
French					
Spanish					
Physics					
Chemistry					
Biology					
Other:					
Other:					
Other:					
Other:					

Post-Secondary Education (if applicable)				
College/University Attended	**Dates of Attendance**		**Course Title**	**Qualifications Attained**
	From	**To**		

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Have you applied through the Higher Education Access Route (HEAR)? If yes, and you were deemed eligible in 2017 please provide evidence of HEAR eligibility.	Yes ☐ No ☐
What degree/diploma course(s) are you interested in studying?	

PART 3: ABOUT YOUR MEDICAL / GP VISIT CARD

Do you or your parent(s)'/guardian(s)' have a HSE Medical Card/GP visit Card that is in date as of 31st December 2016?

Yes ☐ No ☐

If yes, please take the **Medical Card/GP visit Card Form** (at the back of the application form) to your HSE Local Heath Office (office that issued the card) for completion.

The **Medical Card/GP visit Card Form** must be returned to LIBERTIES COLLEGE, Bull Alley Street, Dublin 8 before **Friday 1st September 2017**

The HSE medical card/GP visit card must be in date as of **31st December 2016**.

If you are also applying through HEAR (Higher Education Access Route) you may submit the HEAR medical card form directly to the CAO and submit a photocopy of this form to LIBERTIES COLLEGE.
Evidence of HEAR eligibility will be required.

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PART 4: CHILDREN IN THE CARE OF THE STATE/TUSLA

Some applicants are in the care of the state/TUSLA e.g. foster children or separated children.

Are you currently in the Care of the State/TUSLA (the Child and Family Agency) or were you previously in Care of the State/HSE? **Yes** □ **No** □

If **NO** please continue to complete the rest of this application form.

If **YES,** you do not need to complete PARTS 5, 6 and 7 of the application form or provide any supporting financial documents. But you must do three things:

1. Supply a letter from the TUSLA/HSE on headed stationary detailing:
   - the date you were taken into the care of the state
   - the amount of income and/or type of support that TUSLA/HSE provided to you/your foster family in the year **ending 31 December 2015**.
2. Supply a completed **medical card/GP visit card form** (see page 10).
3. Please make sure you complete parts **1, 2, 3, 4, 8, and 9** of the form.

PART 5: FAMILY DEPENDENTS

YOUR FAMILY'S DEPENDENTS

Please give details of dependents in your family (including yourself).

A dependent is: a sibling or foster child under the age of **16 years on 1st October 2016; or** a sibling, foster child or parent over 16 years who is attending a full-time course at an education institution; **or** a sibling or foster child who is medically certified as permanently unfit to work; **or** your child (if applicable).

Full Name	Date of Birth	Relationship to you	Attending School/College	Full Time Course	Name of School/ College Attending
			Yes ☐ No ☐	Yes ☐ No ☐	
			Yes ☐ No ☐	Yes ☐ No ☐	
			Yes ☐ No ☐	Yes ☐ No ☐	
			Yes ☐ No ☐	Yes ☐ No ☐	
			Yes ☐ No ☐	Yes ☐ No ☐	
			Yes ☐ No ☐	Yes ☐ No ☐	
			Yes ☐ No ☐	Yes ☐ No ☐	

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PART 6: ABOUT YOUR PARENTS' / GUARDIANS' JOBS

This part deals with your parents'/guardians' occupations and employment history. Please get their help to complete this part of the application form. We ask about your parent(s)'/guardian(s)' employment status because we need to determine what socio-economic group they are in. Be as precise as possible when describing their status and job title.

Employment status is what your Mother/Father/Guardian(s) are doing right now.

Only tick **No Contact what so ever** if you have never had any contact with your parent/guardian.
Only tick **Never worked** if you parent/guardian has never had a job.
If your parent/guardian works part-time or is on a community employment scheme, tick **Working for payment or profit.**

Tick the heading that best describes your parent(s)'/guardian(s)' employment status:

Employment Status	Parent/ Guardian 1	Parent/ Guardian 2
Working for Payment or Profit		
Never worked		
Looking after home/family		
Retired from employment		
Unable to work due to permanent sickness or disability		
Currently unemployed		
Deceased		
No contact what so ever		
Other - Please specify:		

The following part of the form deals with your parents'/guardians' jobs. We ask you to give us information on their current/most recent job.

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If your parent/guardian is not working at present enter details from the last job that they held.
If your parent/guardian has never worked do not complete this section and move on to complete section 8 of the form.

Tick the type of employment your parent(s)/guardian(s) have or had in their current/most recent job:

Type of Employment	Parent/ Guardian 1	Parent/ Guardian 2
Employee	☐	☐
Self-Employed with no paid employees	☐	☐
Self-Employed with paid employees	☐	☐

Parent/Guardian's Current or Most Recent Job Title:
Write your parents'/guardians' job titles. You must give an accurate job title and do not use general terms like office administrator. Use precise terms like secretary, receptionist or clerical assistant.

	Job Title
Parent/ Guardian 1	
Parent/ Guardian 2	

PART 7: FAMILY FINANCIAL CIRCUMSTANCES

We need to calculate your total family income for 2015. This section asks you to tell us who contributes to your family income. Your family income can come from: paid employment, social welfare, pensions, rental property and or farming.

Who contributed to your family income in 2015?

Mother	☐	Guardian 1	☐
Father	☐	Guardian 2	☐

Write your Mother's Full Name	
Write your Father's Full Name	
Write Guardian 1' s Full Name	
Write Guardian 2' s Full Name	

Please list all sources of income your parent(s)/guardians(s) received in 2015, excluding child benefit. You must tick yes or no to all types of income:

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If you have a different source of family income other than those outlined, contact Liberties College.

Type of Income	Mother	Father	Guardian 1	Guardian 2	Financial Documents Required
Was your parent/guardian working as a paid employee in 2015?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	P21 for 2015
Was your parent/guardian self-employed, engaged in farming or renting property in 2015?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Notice of Assessment for 2015
Did your parent/guardian receive any social welfare payments in 2015 other than child benefit?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Complete the Social Welfare Form (pages 13-14)
Was your parent/guardian made redundant in 2015? Did he/she receive any lump sum payments from his/her former employer?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Form RP50 Notification of Redundancy
Did your parent/guardian retire in 2015? Did he/she receive any lump sum payments from his/her former employer?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	A letter from the last employer and/or body administering pension showing: date employment ceased, gross amount of lump sum received in 2015, number of yrs in that employment and gross annual pension

All supporting documentation must be returned to LIBERTIES COLLEGE, Bull Alley Street, Dublin 8 before Friday 1st September 2017

If you are also applying through HEAR (Higher Education Access Route) you may submit financial documents directly to the CAO and submit photocopies of these documents to LIBERTIES COLLEGE. **Evidence of HEAR eligibility will be required.**

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PART 8: CHECKLIST

I have completed all parts of the application form	Yes ☐ No ☐
I am also applying through HEAR and will forward all supporting documents to the CAO. If yes, and you were deemed eligible in 2017 please provide evidence of HEAR eligibility.	Yes ☐ No ☐
I was eligible for HEAR in 2016 and will carry forward my eligibility to 2017. Evidence of HEAR eligibility will be required.	Yes ☐ No ☐

Please list the documents which you have enclosed:

A Copy of Leaving Certificate Results	Yes ☐	No ☐	Not Applicable ☐
HEAR Eligibility Letter 2017	Yes ☐	No ☐	Not Applicable ☐
Nationality Documentation	Yes ☐	No ☐	Not Applicable ☐
Medical Card Form 2016	Yes ☐	No ☐	Not Applicable ☐
Social Welfare Form 2015 information	Yes ☐	No ☐	Not Applicable ☐
P21 2015	Yes ☐	No ☐	Not Applicable ☐
Notice of Assessment 2015	Yes ☐	No ☐	Not Applicable ☐
RP50 Notification of Redundancy Form	Yes ☐	No ☐	Not Applicable ☐
A letter from Employer/Pension Scheme	Yes ☐	No ☐	Not Applicable ☐
Letter from HSE/TUSLA	Yes ☐	No ☐	Not Applicable ☐
Foster Care Letter	Yes ☐	No ☐	Not Applicable ☐

Please list the documents which you will forward to the LIBERTIES COLLEGE, Bull Alley Street, Dublin 8 before **Friday 1st September 2017**

- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓

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PART 9: TERMS AND CONDITIONS

If you agree with all the statements listed below please tick all the boxes and sign your name. **Unsigned applications are considered incomplete.**	
I certify that the information supplied in this application form is complete and correct.	Yes ☐
I agree that my financial details and supporting documents may be reviewed by an independent financial advisor and that they will be treated confidentially.	Yes ☐
If I have also applied through HEAR, I undertake to send all supporting documents directly to the CAO and give permission for the outcome of my HEAR assessment (on all fixed indicators, plus my overall eligibility/ineligibility) to be shared with TAP.	Yes ☐
I understand that some of the details on my application may be used for research purposes, but my name will never be used.	Yes ☐
I understand that any of the information supplied as part of the Facilitated Entry Scheme may be subject to verification. I understand that if I have misrepresented myself and/or am found to have given false declaration, I will be ineligible for the Facilitated Entry Scheme.	Yes ☐
Signature: _____ Date: _____	

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The Facilitated Entry Scheme
Trinity College Dublin

MEDICAL CARD/GP VISIT CARD FORM:

Request for Information from the Health Service Executive

Part 1: To be completed by the applicant.

Applicant's name:									
Applicant's Date of Birth:	____ ____ / ____ ____ / 19 ___ ____								
Applicant's PPS Number:									

Part 2: To be Completed by the Health Service Executive.
You can find details of all HSE Local Health Offices on the website www.hse.ie or LoCall 1850 24 1850

All forms must be **completed, signed and stamped by a HSE official**. Forms that are not signed and stamped are invalid. General Practitioner stamps will not be accepted.

I certify that the above applicant holds or is dependent on a parent/guardian who holds a Medical Card/GP visit Card that is valid on 31st December 2016.

Name of HSE Official: _____
(block capitals)

Signature of HSE Official: _____

Date: _____

HSE Official Stamp

Applicants must return the completed Medical Card/GP visit Card Form to the LIBERTIES COLLEGE, Bull Alley Street, Dublin 8 before **Friday 1st September 2017. If you are also applying through HEAR (Higher Education Access Route) you may submit the HEAR medical card form directly to the CAO and do not need to submit copies to** LIBERTIES COLLEGE. **Evidence of HEAR eligibility will be required.**

The Trinity College Dublin Facilitated Entry Scheme is aimed at students from socio-economically disadvantaged backgrounds. School leavers who present satisfactory evidence relating to their socio-economic circumstances and satisfy academic requirements are eligible to apply for a place in the College.

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SOCIAL WELFARE FORM:

Request for Information from the Department of Family and Social Protection (DSP)

Part 1: To be completed by the applicant.

Applicant's name?									
Applicant's Date of Birth:	____ ____ / ____ ____ / 19 ___ ____								
Applicant's PPS Number:									

Part 2: To be completed by the applicant's Parent(s)'/Guardian(s)'
I authorise the release of information outlined below for the purposes of assessing a TAP Foundation Course application.

_____ _____
Parent 1/Guardian 1 Signature Parent 2/Guardian 2 Signature

Part 3: To be completed by DSP Official in Local Social Welfare Office
You can find details of local social welfare offices on www.welfare.ie or Locall 180 662244

Parent 1/Guardian 1 Name:

PPS Number:

Total Social Welfare Income on all social welfare schemes* paid to this PPS number in 2015?

€

In receipt of means-tested social assistance for at least 26 weeks or 6 months in 2015?

Yes ☐ **No** ☐

Name of Payment(s):

Payment 1	
Payment 2	
Payment 3	

*Excluding child benefit, early childcare supplement and supplements paid under the supplementary welfare allowance schemes.

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Parent 2/Guardian 2 Name:

PPS Number:

Total Social Welfare Income on all social welfare schemes* paid to this PPS number in 2015?

€

In receipt of means-tested social assistance for at least 26 weeks or 6 months in 2015?

Yes ☐ **No** ☐

Name of Payment(s):

Payment 1	
Payment 2	
Payment 3	

*Excluding child benefit, early childcare supplement and supplements paid under the supplementary welfare allowance schemes.

All forms must be completed, signed and stamped by a DSP official. Forms that are not signed and stamped are invalid.

Name of DSP Official: _____
(block capitals)

Signature of DSP Official: _____

Date: _____

DSP Official Stamp

Applicants must return the completed Social Welfare Form to the LIBERTIES COLLEGE, Bull Alley Street, Dublin 8 before Friday 1st September 2017. **If you are also applying through HEAR you may submit all financial documents directly to the CAO and do not need to submit copies to** LIBERTIES COLLEGE**. Evidence of HEAR eligibility will be required.**

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