

Student Grant Application Form 2011/12

APPLICANT'S FULL NAME (in BLOCK LETTERS)

FOR OFFICIAL USE ONLY

Student Ref No:

■ CLOSING DATE: 31 AUGUST 2011 ■

We strongly recommend that you apply to your local authority or Vocational Education Committee (VEC) for a student grant as soon as possible after you apply for your full-time course. Do not wait until you have accepted a place in college or until the closing date to apply for a student grant.

It is important to note that you must apply to the local authority or VEC in your home area, not the area where the college is located.

Please read the Guidance Notes for Completing the Student Grant Application Form 2011/12 carefully before completing this form. The guidance notes contain necessary information and outline the documents which you must send us with this application form.

Depending on your circumstances, your local authority or VEC may agree to accept your student grant application after the closing date.

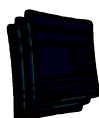
Please use **BLACK INK** and write in **BLOCK LETTERS**

Please answer **all questions**. If a question does not apply to you, please enter 'N/A' (not applicable). If a section does not apply to you, please enter 'N/A' clearly across the top of the section.

The following symbols appear throughout this application form:



means there is a detailed note in the **Guidance Notes** booklet to help you answer the question.




means your local authority or VEC need **documentary evidence** from you and you must send the relevant documents with this form. See the guidance notes for detailed information on documentary evidence.

If you need further advice or support filling in this form, **please contact the local authority or VEC in your home area**. You will also find more information about the student grant scheme on www.studentfinance.ie.

Section A

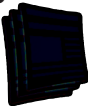
Applicant's personal details

A1. Your PPS No.: 

A2. Your title: Mr Mrs Ms Other: (please specify)

A3. Your surname:

A4. Your first name(s):


A5. Your first name as it appears on your birth certificate: 

A6. Your birth surname:

A7. Your mother's birth surname:


A8. Your date of birth:

A9. Your gender: Male Female



A10. Your home address: 

A11. Your telephone numbers: MOBILE
 HOME

A12. Your email address:



A13. Which type of full-time course do you wish to pursue in the academic year 2011/12? (please tick ✓) 




Post-Leaving Certificate course	Level 5	<input type="checkbox"/>
Post-Leaving Certificate course	Level 6	<input type="checkbox"/>
Higher certificate	Level 6	<input type="checkbox"/>
Ordinary bachelor degree	Level 7	<input type="checkbox"/>
Honours bachelor degree	Level 8	<input type="checkbox"/>
Higher diploma	Level 8	<input type="checkbox"/>
Postgraduate diploma	Level 9	<input type="checkbox"/>
Master's degree	Level 9	<input type="checkbox"/>
Doctoral degree	Level 10	<input type="checkbox"/>

A14. Your CAO number: 
or
Your UCAS No. (if applicable) 


Section A

Continued...

- A15. Category of Applicant:  Student dependent on parent(s)/legal guardian
 Note: Please read carefully the guidance notes on the category of applicant and select one. Mature student dependent on parent(s)/legal guardian
 Independent mature student 


- A16. Are you: (please tick ✓) Single (never married) Married/in a civil partnership
 Cohabiting  Remarried
 Separated  Divorced/a former civil partner 
 Widowed/a surviving civil partner

- A17. On 1 January 2011, which category best described you? Student Employed Self-employed Unemployed
 Retired Home duties Other (please specify)


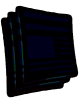
- A18. If you have not always been a student, what was your occupation? 

Section B

Applicant's nationality, immigration status and residency details

- B1. What country were you born in?  Ireland Elsewhere
 If Ireland, enter the county:
 If elsewhere, enter the country:

- B2. What is your nationality? 

- B3. If you are not an EU, EEA or Swiss national, on what basis are you staying in Ireland?  
- | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Date permission granted | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| a) Refugee; | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b) Subsidiary protection; | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c) Permission to remain as the family member of a European Union, EEA or Swiss citizen under the European Communities (Free Movement of Persons) Regulations 2006 and 2008 and EU Directive (EU Treaty Rights provisions); | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d) Permission to remain because of marriage or civil partnership with an Irish national or because you are the dependent child of such person; | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| e) Humanitarian leave to remain granted before the Immigration Act 1999 came into effect; | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| f) Permission to remain following a decision not to deport you under Section 3 of the Immigration Act 1999; | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Section B

Continued...

B4. Have you been resident in Ireland for at least 3 of the last 5 years?



Yes

No

If Yes, go to **Section C**

If **No**, that is, if you have not been living in Ireland for at least 3 of the last 5 years, please fill in your residence details for the last 5 years in the space below.

Note: If you need more space you can use the additional notes section on page 12 of this form.

Full Address:

Why were you there?
(for example, travel,
work or study)

How long were you
there?

From

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

To

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Section C

Applicant's academic history and sources of student financial assistance

C1. In what year did you, or will you, complete your Leaving Certificate or equivalent final school exam¹ for the first time?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

C2. Have you ever previously attended a course of further or higher education?



Yes

No

If No, go to **question C3**

If **Yes**, give details below of the **most recent** course you attended (even if you did not complete it):

a) Name of college or institution:

b) Address of college or institution:

c) Type of course: Further education or PLC Undergraduate Postgraduate

d) On what basis did you attend this course? Full-time Part-time

e) Title of course:

f) Qualification² you received and year you received it:
(if you have no qualification, write none)

Year:

¹For example, A Levels, Baccalauréat and so on.

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

g) How long was the course? year(s)

h) What was the start date of the course?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

i) When did you leave or finish the course?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

j) If you are currently attending this course, please tick which year you are in:

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

k) Will you be continuing on the same course in 2011/12? Yes No

l) Have you attended or completed any other course of further or higher education? Yes No

Note: If Yes, please use the additional notes section on page 12 of this form to provide all of the information from (a) to (k) for each additional course you have completed or attended.

C3. Have you ever before applied for a student grant? Yes No

If **Yes**, in which academic years did you apply?

Which local authority or VEC did you apply to?

C4. Do you hold or have you ever held a student grant? Yes No

If **Yes**, for which academic years did you get the grant?

Which local authority or VEC did you get it from?

C5. 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 2011/12 academic year? Yes No



C6. Have you applied for or will you be getting any other student financial assistance from Ireland or abroad for the 2011/12 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 2011/12:

Section D

Personal details of your parent(s), legal guardian, spouse, civil partner or cohabitant

	Father or legal guardian <input type="checkbox"/>	Mother or legal guardian <input type="checkbox"/>	Spouse or civil partner or cohabitant <input type="checkbox"/>
D1. PPS No: 			
D2. Surname:			
D3. First name(s):			
D4. Mother's birth surname:			
D5. Current marital status:			
Single (never married)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Married/in a civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cohabiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separated 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorced/a former civil partner 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remarried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Widowed/a surviving civil partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6. Home address:			
D7. Telephone number:	MOBILE	MOBILE	MOBILE
	HOME	HOME	HOME
D8. Employment status:			
Employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9. Occupation: 			

Section E

Details of dependent children

- E1. If you are applying as a student dependent on parent(s) or legal guardian, or a mature student dependent on parent(s) or legal guardian list other dependent children of your parent(s) or legal guardian and your own dependent children, if applicable. If you are applying as an independent mature student, list your own dependent children and the dependent children of your spouse, if applicable.**



Please give details below of dependent children (including foster children) who, on 1 October 2010, were in the following categories:

- (a) under 16 years of age;
- (b) 16 years of age or over and in full-time education;
- (c) medically certified as permanently unfit for work.

Surname	First name	Date of birth	Category of dependent child: (a), (b) or (c)	School or college this child attended in 2010/11 (if applicable)	Relationship to the applicant
		DD/MM/YYYY			
		DD/MM/YYYY			
		DD/MM/YYYY			
		DD/MM/YYYY			
		DD/MM/YYYY			
		DD/MM/YYYY			

- E2. Please give details of the children listed above who, in the 2011/12 academic year, will attend a full-time course of further or higher education and training in Ireland or an EU Member State.**



Surname	First name	College or institution student will attend in 2011/12	Course title	Year of course this student will be in for 2011/12	Has this student applied for a student grant?	Awarding grant authority (if applicable)


Section F

Reckonable income

F1. Were you employed in 2010 on a full-time, part-time or temporary basis? 


If **Yes**, enter the total gross income from all employments including any benefit-in-kind in 2010.

Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant
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"/>
€	€	€	€

F2. Did you receive any social welfare payments in 2010 other than child benefit? 


If **Yes**, list the name of the payment(s) and enter the total gross amount received from 1 January 2010 to 31 December 2010.

Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant
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"/>
€	€	€	€

F3. Did you receive a payment from any other government department or state agency, for example, the Health Service Executive (HSE), FÁS or a local authority in 2010? 

If **Yes**, list the name of the payment(s) and enter the total gross amount received from 1 January 2010 to 31 December 2010.

Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant
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"/>
€	€	€	€


F4. Were you self-employed or engaged in farming in 2010? 

If **Yes**, enter the adjusted profit or loss for income tax purposes for the 2010 tax year.

Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant
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"/>
€	€	€	€


Section F

Continued...

F5. Did you have rental income from any of your land or properties in Ireland or abroad in 2010? 

If **Yes**, enter the adjusted profit or loss for income tax purposes for the 2010 tax year.

Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant
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"/>
€	€	€	€


F6. Were you a proprietary director or shareholder of a limited company in 2010? 

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"/>
----------------------------------------------------------	----------------------------------------------------------	----------------------------------------------------------	----------------------------------------------------------

F7. Did you receive a pension other than a Social Welfare State Pension in 2010? 


If **Yes**, enter the total gross amount.

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"/>
€	€	€	€

F8. Did you have any income in 2010 from savings, deposit accounts or investments? 


If **Yes**, enter the total gross income earned.

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"/>
€	€	€	€

F9. Did you have any income in 2010 from a maintenance arrangement? 

If **Yes**, enter the total gross amount.

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"/>
€	€	€	€

F10. Did you receive a lump sum payment during 2010 from retirement or redundancy? 

If **Yes**, enter the total gross amount received **and** the number of relevant years worked.

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"/>
€	€	€	€
Years	Years	Years	Years

Section F

Continued...

F11. Did you have any income in 2010 from disposals of assets or rights?



If **Yes**, you will need to complete a Disposal of Assets and Rights Table and enter the gain or loss for grant purposes.

Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant
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"/>
€	€	€	€

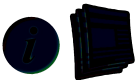
F12. Did you receive any gifts or inheritances in 2010?



If **Yes**, you will need to complete a Gifts and Inheritances Table and enter the net value.

Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant
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"/>
€	€	€	€

F13. Did you receive any other income in 2010 from any sources not mentioned above?



If **Yes**, please provide a description of income

and

enter total gross amount received.

Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant
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"/>
€	€	€	€

Note: If you have more than one income from any other source please use the additional notes section on page 12 of this form to give us the details.

F14. Did you make a legally enforceable maintenance payment in 2010 following separation or divorce?



If **Yes**, enter the total gross amount paid.

Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant
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"/>
€	€	€	€

Section F

Continued...

F15. Did you make any pension contributions in 2010?



If **Yes**, enter the total gross amount paid.

Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant
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"/>
€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

F16. Did you have a permanent change in circumstances in relation to reckonable income since 2010?



Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant
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"/>

Reminder:

- Read the Data Protection Statement on page 14
- Sign and date the Declaration on page 15
- Complete the Checklist on page 16

Note: If you, your parent(s), legal guardian, spouse, civil partner or cohabitant, as applicable, fail to complete the relevant sections or fail to provide the documents we need, we will return the application form to you.

This will delay the processing of your grant application and may delay payment if your application is successful.

Data Protection Statement

The information you give on this form will be used to administer 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 authority³ and the Department of Education and Skills will treat all information and personal data as confidential. These bodies may ask for other information or documents if needed to process your application.

The awarding authority or the Department of Education and Skills may also disclose information you supply to a person listed in Schedule 2 of the Student Support Act 2011 which includes government departments and public bodies for example, the Revenue Commissioners, the Department of Social Protection, the Department of Justice and Equality and further and higher education institutions so that it can:

- obtain information to decide whether you are eligible for a student grant;
- verify information that you have supplied including your Personal Public Service (PPS) number;
- assist in processing your student grant application and paying the student grant;
- verify that you are registered on and continuing to attend an approved course at an approved institution.

The awarding authority may also refer information that you have supplied to the Department of Education and Skills for clarification on the interpretation of the relevant grants scheme.

The awarding authority may also transfer information that you have supplied to another awarding authority if appropriate or 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.

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 according to their data retention policies.

³ "awarding authority" means (a) a vocational education committee, (b) a local authority, or (c) an appointed awarding authority

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 a person listed in Schedule 2 of the Student Support Act 2011 for the purposes outlined in the data protection statement.

Student dependent on parent(s) or legal guardian:

Signature of applicant (*not block capitals*)

Date

Signature of applicant's father or legal guardian (*not block capitals*)

Date

Signature of applicant's mother or legal guardian (*not block capitals*)

Date

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

Signature of applicant (*not block capitals*)

Date

Signature of applicant's father or legal guardian (*not block capitals*)

Date

Signature of applicant's mother or legal guardian (*not block capitals*)

Date

Independent mature student:

Signature of applicant (*not block capitals*)

Date


Signature of applicant's spouse/civil partner or cohabitant (*not block capitals*)

Date

WARNING: If you, your parent(s), legal guardian, spouse, civil partner or cohabitant, as applicable, knowingly leaves out relevant information or provides information that is false or misleading, you are guilty of an offence and will be prosecuted. Such prosecution may lead to a fine, a prison term or both. Details of offences and penalties are set out in section 23 of the Student Support Act 2011.

Checklist

Before you return this form to your local authority or VEC, 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 and check the guidance notes to find out which documents are needed. You must submit original documents (not photocopies) unless otherwise indicated in the guidance notes;
- signed and dated the relevant declaration(s);
- if you have accepted your place on an approved course, you will need to fill in a **Course Acceptance Form** which is available to download from www.studentfinance.ie or by contacting your local authority or VEC.

You must return your completed form and documentary evidence to your local authority or VEC

FOR OFFICIAL USE ONLY

Student reference number:	<input style="width: 100%;" type="text"/>		
Date of receipt of original application:	<input type="text" value="D"/> <input type="text" value="D"/>	<input type="text" value="M"/> <input type="text" value="M"/>	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Returned to applicant on:	<input type="text" value="D"/> <input type="text" value="D"/>	<input type="text" value="M"/> <input type="text" value="M"/>	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Date completed application resubmitted:	<input type="text" value="D"/> <input type="text" value="D"/>	<input type="text" value="M"/> <input type="text" value="M"/>	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Decision:	Approved <input type="checkbox"/> Refused <input type="checkbox"/>	Decision date:	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Reason for refusal:	<input style="width: 100%; height: 40px;" type="text"/>		
College being attended:	<input style="width: 100%; height: 40px;" type="text"/>		
Course being attended:	<input style="width: 100%; height: 20px;" type="text"/>		

AWARD DETAILS:			
Adjacent Rate <input type="checkbox"/>	Non Adjacent Rate <input type="checkbox"/>	Part Maintenance - 50% <input type="checkbox"/>	
Full Maintenance <input type="checkbox"/>	Part Maintenance - 75% <input type="checkbox"/>	Special Rate <input type="checkbox"/>	
Part Maintenance - 25% <input type="checkbox"/>	Part Tuition Fees - 50% <input type="checkbox"/>	Student contribution	
Rate Approved € <input style="width: 100px;" type="text"/>	Fee Approved € <input style="width: 100px;" type="text"/>	100% <input type="checkbox"/>	50% <input type="checkbox"/>