

Vocational Training Opportunities Scheme Statement (VTOS)

Student Grant Scheme Schedule 2 Designated Programme Payments

If you were in receipt of a VTOS payment during 2024, please download and complete this form. The Education and Training Board that administered the payment must complete Part B of this form. A signature and stamp is also required.

Statement o	of Vocation	al Trai	ning (Opportunitie	s Scheme (VT	OS) Paymen		
Date of Payments SUSI Applicant Name		1 January 2024 to 31 December 2024						
SUSI Appli No.	cation							
Se	ction A: Pe	ersonal	Deta	ils of VTOS F	Payment Recip	ient		
1. Relation	ship of VTC	OS Pay	ment	Recipient to	SUSI Applica	nt		
\bigcirc								
Applicant	Father/Gu	ardian Mother/Guardia		er/Guardian	Spouse/Civil Partner	Co-habitant		
2. Name of	Recipient							
	of Recipier	nt						
4. Recipient's Date of Birth								
5. Recipier	ıt's PPS Nu	mber						
Section	n B must be	comp	leted	nils of VTOS I by the Head the VTOS Pay	Office of the	ETB that		
1. Total VT	OS Paymei	nt in 20	024	€				
2. Please p 2024	orovide dat	es for a	all pe	riods in whic	ch payment wa	as made in		
From				То				
From				То				
From			ı	. •				



Please tick if payment included amounts for		Qualified Adult		\bigcirc	Qualified Child
Total Amount paid for Qualified Adult			€		
Total Amount paid for Qualified Child			€		
Signed:					ETB STAMP
Date:	ETB Head Office				