

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	nal Trai	ning (Opportunitie	s Scheme (VTC	OS) Payments			
Date of Payments		1 January 2024 to 31 December 2024							
SUSI Applicant Name									
SUSI Application No.									
Se	ction A: P	ersonal	Deta	ils of VTOS	Payment Recip	ient			
1. Relationship of VTOS Payment Recipient to SUSI Applicant									
0	0				0	0			
Applicant	Father/Gu	ıardian Moth		er/Guardian	Spouse/Civil Partner	Co-habitant			
2. Name of	Recipient								
3. Address of Recipie									
4. Recipient's Date of Bir									
5. Recipient's PPS Number									
Section	n B must b	e comp	leted	ils of VTOS by the Head he VTOS Pa	Office of the	ETB that			
1. Total VTOS Payment in 2024									
2. Please p 2024	rovide dat	tes for a	all per	riods in whic	ch payment wa	ns made in			
From			I	То					
From				То					
From			То						



Please tick if payment included amounts for		Qı	ualified Adult 🔾	Qualified Child O
Total An Adult	nount paid for Qualifie	d	€	
Total Amount paid for Qualified Child			€	
Signed:				ETB STAMP
Date:	ETB Head Office			