



## SUSI-TUSLA Form 2019/20 Academic Year

Please complete all sections.

The form must be signed and stamped by your designated care worker

### **Section A – Applicant’s Details (To be completed by applicant)**

1. Name of Applicant:	
2. SUSI Reference Number:	
3. Applicant’s Date of Birth:	
4. Applicant’s Address:	
5. Academic Year: (e.g. 2019/20 for courses beginning in September 2019)	

### **Section B –TUSLA Allowance Information (To be completed by TUSLA Official)**

1. Is this applicant currently in the care of the Child and Family Agency/TUSLA or in receipt of an Aftercare Service  (If no, skip to question 3.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If yes, for how long has the applicant been in the care of the Child and Family Agency/TUSLA? (this will help SUSI determine if the applicant has the required residency in the state for 3 of the last 5 years)	From _____ To _____
3. Was an allowance paid in respect of the applicant on 31 <sup>st</sup> December 2018:	Yes <input type="checkbox"/> No <input type="checkbox"/>
4 Please indicate the type of Allowance:	Foster Care Allowance <input type="checkbox"/>



	Aftercare Allowance <input type="checkbox"/> Independent Living Allowance for Young People in Residential Care <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> _____
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**Additional Notes: (Only information relevant to the application for a student grant)**

<b>Section C – TUSLA Validation (To be completed by TUSLA Official)</b>	
1. Completed by: (Signature)	
2. Position:	
3. Contact Details:	Phone: _____ E-mail: _____
4. Date:	

5. 

STAMP HERE
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**Section D: Consent / Third Party Authorisation**

I..... appoint the above named party as an Authorised  
(Applicant name)



person to discuss all details of the above referenced application pertaining to me. I intend this authorisation to last for the duration of the academic year for which I have applied for a grant from SUSI. I understand that I can withdraw this authorisation at any time by emailing [sar@susi.ie](mailto:sar@susi.ie).

### **Important notes**

In order to process applications where the applicant has stated they are in foster care/residential care/after care, SUSI requires that the SUSI-TUSLA Form 2019/20 be completed and signed and stamped by their designated care worker and submitted to support their application.

### **The Information you provide:**

#### **Data Processing - What we use it for:**

Information submitted by applicants under the student grant scheme includes details of income received directly from other Government bodies or income received under schemes administered on behalf of Government by agencies such as Tusla.

The data is processed for the purpose of verifying information supplied as part of a student grant application or providing information that is material in determining an applicant's eligibility for a student grant. Any data received is processed specifically to verify and validate details of an applicant in relation to their reckonable income for the reference period and their potential eligibility for the special rate of grant.

All data sharing arrangements are governed by respective data sharing agreements with each of the data sharing bodies.

#### **Data Retention - How long will we hold on to the information provided:**

The information provided will be held on file for the duration of the academic year 2019/2020, after which the information will be securely destroyed.

#### **Data Security - Who has access to this information:**

SUSI take appropriate security measures against unauthorised access to, or alteration, disclosure or destruction of the data and against its accidental loss or destruction. SUSI undertake to ensure that the information provided will only be accessed by the minimum amount of personnel that is required to make a determination under Article 15(8) of the Student Grant Scheme 2019.

### **Consent**

Data Protection Legislation requires explicit consent from the Data Subject (the applicant) to authorise SUSI to share information pertaining to their application with anyone who is not a party to the application. If the applicant wishes for the designated Tusla care worker to communicate with SUSI on their behalf relating to their application for a student grant, please complete the consent section. This consent may be withdrawn at any time by contacting [sar@susi.ie](mailto:sar@susi.ie).

**Section A:** must be completed fully by the applicant. Please refer to guidelines below.

**Section B & C:** must be completed by the applicants designated TUSLA Official.

**Section D:** this section is optional and may be completed by the applicant if they wish to authorise the sharing of information pertaining to their application between their designated care worker and SUSI.

### **Income Disregards**

Under Article 22 (4) of the Student Grant Scheme 2019 Foster/After Care Allowance and Independent Living Allowance for Young People in Residential Care are known as "income disregards". These payments are not included in calculating reckonable income.

### **Special Rate eligibility**

Schedule 2 of the Student Grant Scheme lists the eligible payments for the special rate of maintenance grant for 2019/20 academic year.



Fostercare, Aftercare and Independent Living Allowance for Young People in Residential Care, where paid in respect of the applicant, may qualify the applicant for the special rate of grant. This payment MUST be held on the 31<sup>st</sup> December 2018 in order to qualify for the special rate of grant.

## **Guidance Document for SUSI-TUSLA Form 2019/20**

### **Section A – Applicant’s Details**

- |                                    |   |
|------------------------------------|---|
| 1. Name of Student Grant Applicant | Applicant’s first name and surname          |
| 2. SUSI Reference number:          | Starts with ‘W’ and 12 digits               |
| 3. Applicant’s Date of Birth:      | dd/mm/yyyy                                  |
| 4. Applicant’s Address:            | Full address where applicant lives          |
| 5. Academic Year:                  | Academic year the applicant is applying for |

### **Section B – Applicant’s TUSLA History**

- |   |                                       |
|---|---------------------------------------|
| 1. Is the applicant currently in the care of the Child and Family Agency/TUSLA or in receipt of an Aftercare Service? | Tick the relevant box                 |
| 2. If yes, for how long has the applicant been in the care of the Child and Family Agency/TUSLA?                      | From mm/yyyy to mm/yyyy or to present |
| 3. Was the allowance paid in respect of the applicant on 31 <sup>st</sup> December 2018?                              | Tick the relevant box                 |
| 4. Please indicate the type of Allowance  | Tick the relevant box                 |

### **Section C – TUSLA Official**

- |                    |   |
|--------------------|---|
| 1. Completed by    | applicant’s designated care worker’s name and signature.  |
| 2. Position        | care worker’s title, e.g. Social Worker,  |
| 3. Contact Details | Please provide a contact telephone number and email address in case SUSI needs to confirm any further details |
| 4. Date            | dd/mm/yyyy that the form is signed by the care worker   |
| 5. Stamp here      | Please stamp the form with a TUSLA stamp to confirm the validity of the information provided.                 |

The completed form should be returned to SUSI along with the document schedule which the applicant has received from SUSI.

**PLEASE FULLY COMPLETE ALL SECTIONS OF THE FORM.**

**INCOMPLETE FORMS MAY RESULT IN A DELAY IN ASSESSING**

**THE APPLICANT’S GRANT APPLICATION**