**Concession available only to qualifying full-time, permanent Staff**

**employed prior to 30 September 1992**

This form is to be completed in accordance with the Employee Fee Concessions Policy:<https://www.ucd.ie/registry/staff/registryservices/registration/studentrecords/stafffeeconcessions/>

**Course commencing in September - Completed applications must be submitted by 1 November of year of entry.**

**Course commencing in January - Completed applications must be submitted by 1 March of year of entry.**

**Course commencing in May - Completed applications must be submitted by 1 July of year of entry.**

|  |  |  |
| --- | --- | --- |
| **University where Registered:**  **(Please tick as appropriate)** | **UCD** |  |
| **TCD** |  |
| **UCC** |  |
| **NUIG** |  |
| **NUIM** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT DETAILS** | | | |
| **Surname:** |  | **Forename:** |  |
| **Programme:** |  | **Student No:** |  |
| **Stage/Year** |  | **Phone/email:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYEE DETAILS** | | | |
| **Surname:** |  | **Forename:** |  |
| **Staff No:** | **P** | **Date of original Appointment at UCD:** |  |
| **Current Post:** | **Full-time / Part-time / Retired** *(Delete as appropriate)* | **Signature:** |  |
| **School/Unit:** |  | **Date:** |  |

**Employee Declaration/Signature**

I confirm that the information in this form is accurate in accordance with the University’s policies and guidelines

**Signature of Employee**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT NOTE: Programmes taken in Universities other than UCD will be liable for BIK taxation**

***Please note:*** Application must be accompanied by the student’s birth certificate or other documentation that establishes the relationship between the student and the employee.

In order to submit the Child/ Spouse of Employee Concession form, please make an [application online](https://www.ucd.ie/students/studentdesk/contact/applicationforthechildofemployeespouseofemployeeconcession/).

***Office use only***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Approved:*** |  | ***Date:*** |  | ***Banner:*** |  |
|  |  |  |  | **Comments:** |  |
| **Years of concessions claimed:** | | **1:** | |  | |
|  |  | **2:** | |  | |
|  |  | **3:** | |  | |
|  |  | **4:** | |  | |