

Your parent(s)/guardian(s) must complete Part 2 and submit this form at the local DSP Intreo

**PART 1: To be completed by the Applicant:**

| **Applicants Name:**  |  |
| --- | --- |
| **Address:**  |  |
| **Date of Birth:**  |  |



**PART 2: To be completed by applicants Parent(s)/Guardian(s)**

**I authorise the release of information outlined below for the purposes of assessing an application to UCD’s Access to Arts, Humanities, Social Sciences & Law Programme.**

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Parent 1/Guardian 1 Signature Parent 2/Guardian 2 Signature 

**PART 3: To be completed by DSP Official**

| Parent 1/Guardian 1 Name:  |  |
| --- | --- |

**Please do not alter the year for which information is required on this form.**

| **Total Social Welfare Income on all social welfare scheme\*** **previously paid to this person in the year 2024** |  |
| --- | --- |

**In receipt of means-tested social assistance payment(s) for at** 

**least 26 weeks or 6 months in the year 2024? Yes No**

Name of Payment(s):

| Payment 1:  |  |
| --- | --- |
| Payment 2: |  |





| Parent 2/Guardian 2 Name:  |   |
| --- | --- |

**Please do not alter the year for which information is required on this form.**

| **Total Social Welfare Income on all social welfare schemes\*** **previously paid to this PPS number in the year 2024?**  |  |
| --- | --- |

**In receipt of means-tested social assistance payment(s) for Yes No** 

**at least 26 weeks or 6 months on the year 2024?**

Name of Payment(s):

| Payment 1:  |   |
| --- | --- |
| Payment 2:  |  |

\*Excluding Child Benefit and certain supplements paid under the Supplementary Welfare Allowance schemes.



**All forms must be completed, signed and stamped by a DSP official.**

**Forms that are not signed and stamped are invalid.**

| Name of DSP Official (BLOCK CAPITALS):  |  |
| --- | --- |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of DSP Official

