

TRAINING ALLOWANCE ENTITLEMENT - FORM F103



PART A: To be filled by Trainee

NAME: _____		PPS Number: _____	
ADDRESS: _____ _____			
Course Title: _____		Course Code: _____	
Course Start Date: _____		Course Finish Date: _____	
ETB Contact Name: AINE MACKEN		Telephone No.: 090 6424277	

PART B: To be completed by Department of Social Protection

To establish if a Client is eligible for a Training Allowance please complete the following:

1. Is the client in receipt of a Department of Social Protection Payment?

Yes			
No			
Pending		If pending, state Scheme Type:	

2. If **YES**, please tick the relevant payment category listed below:

A. Jobseekers Allowance under 26		I. Disability Allowance and Blind Pension	
B. Jobseekers Allowance 26 and over		J. Illness Benefit (Partial Capacity)	
C. Jobseekers Benefit		K. Invalidity Pension (Partial Capacity)	
D. One-Parent Family Payment (OFP)		L. Credits Only	
E. Supplementary Welfare Allowance (BASI) under 26		M. Farm Assist	
F. Supplementary Welfare Allowance (BASI) 26 and over		N. Fish Assist	
G. Occupational Injuries Benefit		O. Deserted Wife's Benefit	
H. Dependant on Partner's Claim		P. Widow's, Widower's or Surviving Civil Partner's Pension	

It is expected that the weekly rate of payment may change within the course duration for the following reason(s):

OFP ceasing due to age of youngest child **OFP16 form will issue by DSP**

JA – will be 26 and over Date of Birth: ____/____/____

Definition of Continuous Payment
Any category or any combination listed at 2 above. **MUST** be given in Months.

3. Duration of **continuous** payment? **Months (see note across)**

4. Weekly Rate (Where the client has no entitlement under any heading, please enter 'NIL')

Personal amount	€		Qualifies for Fuel Allowance or would during Fuel season Yes <input type="checkbox"/> No <input type="checkbox"/>
Qualified Adult amount	€		You must tick one of these boxes
Qualified Child amount	€	# of children: _____	
Less Weekly Means	€		
Max Pay Yes <input type="checkbox"/> No <input type="checkbox"/>		See Note 1 O/L	
Amount Paid	€		Refer to notes overleaf when completing Section 4.

Signed: _____
Print Name: _____
Officer, Department of Social Protection
Contact Telephone Number: _____
Email: _____

Department of Social Protection Stamp



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Completing F103 form

PART A should be fully completed by Trainee/ ETB Training Centres

PART B should be completed by DSP.

Completing Section 4 – Weekly rate:

The personal amount should reflect the **net personal amount** where affected by age related reductions (**i.e. €100, €144**) and not €188 less adjustments.

Notes:

- (1) Max Pay: Where both of a couple are in receipt of a DSP payment the family rate is divided between them.
- (2) JA clients, under 26 years of age on commencing training, should be informed by DSP that their training allowance rate may change on reaching 26 years of age.