

International Protection Student Scheme (for FE/HE Students 2024/2025)

Administered by Student Universal Support Ireland (SUSI) on behalf of the
Department of Further and Higher Education, Research, Innovation and Science

Application Form

Applicants Full Name (<i>in block letters</i>)	<i>For Official Use Only</i> IPSS Ref No:
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CLOSING DATE: 28th November 2024

Please read the Guidance Notes 2024/2025 regarding eligibility criteria carefully before completing this form. A copy of the Guidance Notes is available on the following link:

[Gov.ie - International Protection Student Scheme \(for FE/HE Students 2024/2025\)](#)

Please fill in all boxes and ensure checklist and declaration are signed.

Please answer **all questions**. If a question or section does not apply to you, please enter 'N/A' (not applicable).

If you need further advice or support completing this form, please email: ipss@susi.ie

You must return your completed application form and documentary evidence by freepost post to:

SUSI, P.O. Box 12209, Freepost FDN7608 Dublin 4.

A – Personal Details

A1. Your PPS No.:

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A2. Your Irish Naturalisation and
Immigration Service (INIS) Person ID No.:

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A3. Your title:

Mr. Mrs. Ms. Other (Please Specify)

A4. Your surname:

A5. Your first name(s):

A6. Your first name as it
appears on your birth
certificate:

A7. Your birth surname:

A8. Your mother's birth
surname:

A9. Your date of birth:

A10. Your current address:

A11. Your telephone
numbers:

HOME
MOBILE

A12. Your email address:

A13. Category of
Applicant:

Student dependent on parent(s)/legal guardian ☐

Mature student dependent on parent(s)/legal guardian ☐

Independent mature student ☐

A14. Are you: (please tick)

Single (never married)

☐

Married/in a civil partnership

☐

Cohabiting

☐

Remarried

☐

Separated

☐

Divorced/Former civil partner

☐

Widowed/Surviving civil partner

☐

B – Nationality and Residency

B1. What country were you born in?

Ireland

☐

Elsewhere

☐

If Ireland, enter the county:

If elsewhere, enter the country:

B2. What is your nationality?

B3. What is the basis of your permission to reside in the state? (please tick)

(Documentary evidence required)

Tick

a) International Protection applicant;

☐

b) Subsidiary protection applicant;

☐

c) Leave to remain stage
(other than those at deportation stage)

☐

(Please Note: If you are not one of the above 3 categories, you are not eligible for support).

B4. Date of entry to the State;

D	D	M	M	Y	Y
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B5. Date application made to IPO office

I	P	O	P	E	C	E	D	D	M	M	Y	Y
---	---	---	---	---	---	---	---	---	---	---	---	---

(Documentary evidence required)

IPO (ORAC) application reference
number:

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B.6 Have you been resident in Ireland for at
least the last 3 years as at the day before
the date of commencement of your course?

☐

Yes

☐

NO

(Documentary evidence required)

C – 2024/25 Course details and academic history

C1. Have you secured an undergraduate course
Through the CAO application process?

Yes

☐

No

☐

(Documentary evidence required)

CAO ID Number

C2. Which type of full-time course
do you wish to pursue
in the 2024/25 academic
year?

PLC NFQ Level 5 or equivalent

☐

PLC NFQ Level 6 or equivalent

☐

NFQ Level 6 (Higher Certificate) or equivalent

☐

NFQ Level 7 (Ordinary Degree) or equivalent

☐

NFQ Level 8 (Honours Bachelor
Degree) or equivalent

☐

NFQ Level 9 /10 (Post-Graduate/Masters/
Doctorate) or equivalent

☐

Institution Name:

Course:

Course Code:

Course Start Date:

Is this a full-time course?

Yes

☐

No

☐

Which year of the course will
you be enrolling e.g, 1st Year, 2nd Year:

Is this course an add-on course?

Yes

☐

No

☐

C3. Have you previously attended a course of further
or higher education?

Yes

☐

No

☐

a) If Yes, was your previous attendance on a
PLC course?

Yes

☐

No

☐

b) If Yes, was your previous attendance on an
Undergraduate course?

Yes

☐

No

☐

c) If Yes, was your previous attendance on a Postgraduate course? Yes ☐ No ☐

If you have answered yes to any of the above, please enter the details below:

Type of course	PLC NFQ Level 5 or equivalent	<input type="radio"/>
	PLC NFQ Level 6 or equivalent	<input checked="" type="radio"/>
	NFQ Level 6 (Higher Certificate) or equivalent	<input type="radio"/>
	NFQ Level 7 (Ordinary Degree) or equivalent	<input type="radio"/>
	NFQ Level 8 (Honours Bachelor Degree) or equivalent	<input type="radio"/>
	NFQ Level 8 (Higher Diploma) or equivalent	<input checked="" type="radio"/>
	NFQ Level 9 (Postgraduate Diploma) or equivalent	<input type="radio"/>
	NFQ Level 9 (Masters Degree)	<input checked="" type="radio"/>
	NFQ Level 10 (PHD)	<input type="radio"/>

Title of course

a) Name of college or Institution

b) Address of college or institution

c) On what basis did you attend this course? Full-time ☐ Part-time ☐

d) Start date of the course

e) Did you complete the course? Yes ☐ No ☐

f) If yes, what qualification did you receive?

g) When did you leave, finish or last attend this course?

h) Will you be continuing on this course in 2024/25 Yes ☐ No ☐

i) What year of the course did you last attend?

Additional courses:

a) Type of course	PLC NFQ Level 5 or equivalent	<input type="radio"/>
	PLC NFQ Level 6 or equivalent	<input type="radio"/>
	NFQ Level 6 (Higher Certificate) or equivalent	<input type="radio"/>
	NFQ Level 7 (Ordinary Degree) or equivalent	<input type="radio"/>

- NFQ Level 8 (Honours Bachelor Degree) or equivalent ☐
- NFQ Level 8 (Higher Diploma) or equivalent ☐
- NFQ Level 9 (Postgraduate Diploma) or equivalent ☐
- NFQ Level 9 (Masters Degree) ☐
- NFQ Level 10 (PHD) ☐

b) Title of course

c) Name of college or Institution

d) Address of college or institution

e) On what basis did you attend this course?

Full-time

☐

Part-time

☐

f) Start date of the course

g) Did you complete the course?

Yes

☐

No

☐

h) If yes, what qualification did you receive?

i) When did you leave, finish or last attend this course?

j) Will you be continuing on this course In 2024/25

Yes

☐

No

☐

k) What year of the course did you last attend?

C4. What is the full title of the highest qualification you have attained?

C5. Have you applied for or will you be getting any other student financial assistance from Ireland or abroad for 2024/25 academic year?

Yes

☐

No

☐

If Yes, please give details of all awards/funds from the awarding/funding body including non-government organisations or Department(s) and the full amount, including fees, that you will get in 2024/25:

D – Personal details of your parents/guardians/spouse or civil partner

Relationship to applicant

Father or Legal Guardian or Foster Parent	Mother or Legal Guardian Or Foster Parent	Spouse or Civil partner or cohabitant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D1. PPS No:

D2. INIS Person ID No:

D3. Date of Birth:

D4. Surname:

D5. First name(s):

D6. Mother's birth surname:

D7. Current marital status:

Single (never married)

☐
☐
☐

**Married/
In a civil partnership**

☐
☐
☐

Cohabiting

☐
☐
☐

Separated

☐
☐
☐

**Divorced/
Former civil partner**

☐
☐
☐

Remarried

☐
☐
☐

**Widowed/
Surviving civil partner**

☐
☐
☐

If you are under 23

Deceased

(tick only if both parents deceased)

☐
☐
☐

Estranged

(in cases where an applicant is under 23 years of age is living away from the family home due to circumstances beyond the applicant's control and estrangement can be proven, the applicant can be assessed on their own income.)

☐
☐
☐

Father
or
Legal
Guardian
or
Foster
Parent

Mother
or
Legal
Guardian
Or Foster
Parent

Spouse or
Civil partner
or cohabitant

D8. Address:

D9. Telephone numbers:

D10. Employment status:

Employed

Self-employed

Unemployed

Retired

Student

Home duties

Other (please specify)

D11. Occupation

E1. If you are applying as a student dependent on parent(s) or legal guardian, or a mature student dependent on parent(s) or legal guardian please list other dependent children of your parent(s) or legal guardian and your own dependent children, if applicable. If you are applying as an independent mature student, list your own dependent children and the dependent children of your spouse, if applicable.

Please give details below of dependent children (Including foster children) who, on 1 October 2023, were in the following categories. Completing this section will ensure that any potential delays will be minimised and it may be to your benefit should a grant be awarded. This may positively impact income threshold levels:

- (a) under 16 years of age;
- (b) 16 years of age or over and in full-time education; or
- (c) medically certified as permanently unfit for work.

Completing this section will ensure that any potential delays will be minimised and it may be to your benefit should a grant be awarded. This may positively impact income threshold levels.

Surname	First Name	Date of Birth	Category of Dependent child: (a); (b); or (c)	School or college this child attended in 2023/24 (if applicable)	Relationship to the applicant	PPS No	INIS Person ID Ref No

E2. Please give details of the children listed above who, in the 2024/25 academic year, will attend a full-time course of further or higher education and training in Ireland.

Surname	First Name	College or institution student will attend in 2024/25	Course Title	Year of course this student will be in for 2024/25	Has this student applied / or will apply for a student grant?	Awarding grant authority (if applicable)

F – Reckonable Income

VERY IMPORTANT:

**PLEASE SUBMIT PROOF OF ALL INCOME WITH THIS FORM:
I.E. A CERTIFICATE FROM THE DEPARTMENT OF SOCIAL PROTECTION, AND
PROOF OF EARNINGS IN THE FORM OF A STATEMENT OF LIABILITY OR A
CERTIFICATE FROM THE REVENUE COMMISSIONERS**

F1. Were you or your parent/guardian/spouse/civil partner or cohabitant employed in 2023 on a full-time, part-time or temporary basis?

If **Yes**, enter the total gross income from all employments including any benefit-in-kind in 2023

Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Total: €	Total: €	Total: €	Total: €

F2. Did you or your parent/guardian/spouse/civil partner or cohabitant receive any social welfare payments in 2023?

If **Yes**, list the name of the payment(s) and enter the total gross amount received from 1 January 2023 to 31 December 2023

Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Total: €	Total: €	Total: €	Total: €

F5 Did you or your or parent/guardian/spouse/ civil partner or cohabitant have a permanent change in circumstances in relation to reckonable income since 2023

If Yes, please provide a description.

Applicant	Father or legal guardian	Mother or legal guardian	Spouse or civil partner or cohabitant

Checklist:

Checklist before returning the application	
A. I have fully answered all questions and my parent(s) legal guardian, spouse, civil partner, cohabitant as applicable have done so as well	<input type="checkbox"/>
B. I have signed and dated the relevant declarations	<input type="checkbox"/>
C. I have submitted my basis for staying in Ireland(Question B3)	<input type="checkbox"/>
D. I have submitted my date of application made to IPO/ ORAC(Question B5)	<input type="checkbox"/>
E. I have submitted a copy of my CAO application letter (Question C4) if applicable.	<input type="checkbox"/>
F. I have submitted a certificate from the Department of Social Protection outlining any benefits that I or my family may have received in the year ending 31 st , December 2023.	<input type="checkbox"/>
G. I have submitted a certificate of earnings (if applicable) of any employment or confirmation from the Revenue commissioners of my earnings for the period to 31 st December 2023.	<input type="checkbox"/>

PLEASE NOTE

It will not be possible to assess your qualification for this scheme until you have submitted all documentation requested.

Reminder:

You must return your completed form and supporting documentation by post as soon as possible but no later than 28th November 2024 to:

SUSI, P.O. Box 12209, Freepost FDN7608 Dublin 4

SUSI's assessment team will contact you by email to confirm receipt of your application and again after they have completed the initial assessment of your application.

Following this initial assessment you may be asked to submit further photocopies of documentary evidence to support your application by post.

Need Help with this form? Please email ipss@susi.ie

Note: If you, your parent(s), legal guardian, spouse, civil partner or cohabitant, as applicable, fail to complete the relevant sections, SUSI will return the application form to you.

This will delay the processing of your grant application and may delay payment if your application is successful.

Declaration, Consent, Privacy Options and Signature

Please confirm your agreement to the following statements by ticking ☒ the boxes relevant to you.

	Applicant	Father or Legal Guardian	Mother or Legal Guardian	Spouse, Civil Partner, Cohabitant
Declaration The International Protection Student Scheme 2024 requires that all information provided in relation to a student grant application is full, complete and accurate in every respect as outlined in the SUSI Important Notes for Grant Applicants available at www.susi.ie Before submitting a grant application, the applicant and each other party to the application must make a declaration regarding the information they provide.				
I CONFIRM that I am aware of the SUSI Important Notes for Grant Applicants available at www.susi.ie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I DECLARE that all information that I may provide in relation to this application is full, complete and accurate in every respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Applicant	Father or Legal Guardian	Mother or Legal Guardian	Spouse, Civil Partner, Cohabitant
Consent to Data Processing Personal data provided by applicants and other parties to their applications can only be processed with their explicit consent and in accordance with the SUSI Privacy Statement and the SUSI Data Protection Statement available at www.susi.ie				
I UNDERSTAND that my personal data will be retained and processed by SUSI in accordance with the SUSI Privacy Statement and the SUSI Data Protection Statement available at www.susi.ie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I CONSENT to the processing of my personal data by SUSI for the purposes of the International Protection Student Scheme 2024.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Applicant	Father or Legal Guardian	Mother or Legal Guardian	Spouse, Civil Partner, Cohabitant
<p>Privacy Options</p> <p>Applicants and other parties to their grant applications can cross-authorise each other to discuss their personal data with SUSI on their behalf.</p> <p>This authorisation is <u>optional</u> but it is recommended to enable full discussion of the application details in communications between SUSI and each party.</p> <p>If a person is not authorised to discuss the personal data of other parties, SUSI will only discuss the application status and their own personal data with that person.</p>				
I AUTHORISE the discussion by SUSI of my personal data with <u>all other parties</u> to this application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If you <u>do not</u> authorise discussion of your personal data with all other parties to this application but you authorise <u>some</u> parties, you should write the names of these parties in the boxes relevant to you below.</p>				
I AUTHORISE the discussion by SUSI of my personal data with <u>only the following</u> parties to this application	1.	1.	1.	1.
	2.	2.	2.	2.
<p>The applicant and other parties to this application may also authorise <u>another named person outside the application</u> (a “third party”) to discuss their personal data with SUSI. Please insert the name of any such third party person in the space provided below.</p>				
I AUTHORISE the discussion of my personal data by SUSI with the following third party person: Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>Signature</p> <p>Each party must sign and date this application below to confirm the statements they have agreed to above.</p>		
	Signature	Date
Applicant		
Father or Legal Guardian		
Mother or Legal Guardian		
Spouse, Civil Partner or Cohabitant		