

Full name of Applicant:

Date of Birth: / /

CAO number: 24

Please complete Table 1 and Table 2 below. HEAR requires objective evidence to verify that the information you provide is accurate and true. The information can be verified by one of the 3 options below. Depending on the information you are clarifying, some options may be relevant and some may not. Please see the explanation:

Option 1: Employer Verification – Your parents’/guardians’ current or previous employer, completes Option 1 on the form to verify the **clarifying information relating to your parent’s job title**.

Or

Option 2: Documentation from Revenue or Department of Social Protection – Please attach documentation from either department that can verify information in Table 1. For example: I am clarifying on Table 1 that my parent is an employee, not self-employed and attach a Statement of Liability from Revenue as evidence. **OR** I am clarifying that my parent is unable to work due to permanent illness/disability and I am attaching a Department of Social Protection Statement detailing payment of Disability Allowance. You should contact a HEAR Advisor for advice on what document to provide for Option 2.

Or

Option 3: Statutory Declaration – The applicant completes Option 3 on the form and it is then signed by a Peace Commissioner. This can be used where option 1 and 2 do not cover what you wish to clarify or you are having difficulty accessing the above. You or your parent/guardian may complete Tables 1 and 2 and complete the statutory declaration.

Table 1

Name of Mother/Guardian 1 <input type="text"/>	
Mother/Guardian 1 Present Principal Status: Please select only one from below.	
Working for payment or profit <input type="checkbox"/>	Unable to work due to permanent sickness/disability <input type="checkbox"/>
Currently unemployed <input type="checkbox"/>	Never worked <input type="checkbox"/>
Looking after home/family <input type="checkbox"/>	No contact whatsoever <input type="checkbox"/>
Full-time student <input type="checkbox"/>	Deceased <input type="checkbox"/>
Retired from employment <input type="checkbox"/>	
Mother/Guardian 1 Type of Employment:	
Employee <input type="checkbox"/>	
Self-Employed (including farmer) <input type="checkbox"/>	
Self-Employed (including farmer) with paid employees <input type="checkbox"/>	
Mother/Guardian 1 Job Title	
<input type="text"/>	

Table 1 (Continued)

Name of Father/Guardian 2		<input type="text"/>	
Father/Guardian 2 Present Principal Status:			
Please select only one from below.			
Working for payment or profit	<input type="checkbox"/>	Unable to work due to permanent sickness/disability	<input type="checkbox"/>
Currently unemployed	<input type="checkbox"/>	Never worked	<input type="checkbox"/>
Looking after home/family	<input type="checkbox"/>	No contact whatsoever	<input type="checkbox"/>
Full-time student	<input type="checkbox"/>	Deceased	<input type="checkbox"/>
Retired from employment	<input type="checkbox"/>		
Father/Guardian 2 Type of Employment:			
Employee		<input type="checkbox"/>	
Self-Employed (including farmer)		<input type="checkbox"/>	
Self-Employed (including farmer) with paid employees		<input type="checkbox"/>	
Father/Guardian 2 Job Title			
<input type="text"/>			

Table 2

Please enter any further information.	
You should focus on why you are now providing this information.	
<div style="border: 1px solid black; min-height: 450px;"></div>	

Option 1: Employer Verification

As a current / former employer of _____ (name of parent/guardian) I certify that the employment and occupation details as outlined above are accurate and true.

(Name in capitals of Employer/Authorised Company Signatory/HR Manager)

_____ (Signature of Employer/Authorised Company Signatory/HR Manager)

Date: / /

Company/Organisation Name:

Company/Organisation Address:

Phone Number: Employer's PAYE Reg. No.:

Option 2: Documentation from Revenue or Department of Social Protection

Please attach relevant documentation from either Revenue or the Department of Social Protection which supports and verifies what you have stated above. You should contact a HEAR advisor for advice and support on what type of documentation can be considered.

Option 3: Statutory Declaration

I _____ certify that all the information I have provided in Table 1 and 2 is accurate and true (Applicant Name or Parent/Guardian Name if applicant under 18 as of 25 June 2024).

_____ Signature of Applicant or Parent/Guardian (if applicant under 18 as of 25 June 2024).

Date: / /

Declared before me _____ (name in capitals) a Peace Commissioner.

_____ (Signature of Commissioner) Date: / /

Phone number of Peace Commissioner:

Your local Garda Station should be able to provide you with the name and address of a Peace Commissioner. If you require assistance locating a Peace Commissioner you should contact your local HEAR HEI. Contact details can be found at www.accesscollege.ie.

If you are using Option 1 or Option 3, HEAR reserves the right to contact the person who signed the form as part of its quality assurance and verification process.

Please send the completed form to: CAO, Tower House, Eglinton Street, Galway by 17:00 on 3 July 2024.