

**Education Finance Board  
An Bord Airgeadais Oideachais**

**Grandson/daughter of Former Resident**

**1. Details of Former Resident:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

For the Former Resident: Please supply your **original birth certificate** and a **copy** of **one** of the following as proof of identification {I.D.}

- Passport
  - Driving Licence
  - Social Welfare Card –Ireland only
  - National Health Service Card- UK only
- \*All originals will be returned by registered post*

**2. Proof of Residency**

In order to confirm residency in an Institution please provide the following:

**Either**

An original covering letter from the relevant Government/Institution/Organisation with a copy of the admission and discharge papers from the Institution{s} attended.

**or**

A letter of confirmation from the Solicitor of the Former Resident stating eligibility to apply to the Residential Institutions Redress Board **and/or** residency in an Institution, as listed in the Schedule of the Residential Institutions Redress Act, 2002 (Additional Institutions) Order 2004

**3. Name of Child of Former Resident (Parent of Applicant)**

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**4. Details of Grandson/daughter**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please supply **original full birth certificates** for the Child **and** Grandchild of Former Resident.

Please supply name and address for correspondence:-

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*\*All original documentation will be returned by registered post.*

**5. Course Details**

Course Applied For: \_\_\_\_\_

Name of School or College \_\_\_\_\_

\_\_\_\_\_

Address of School or College: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cost of Course: \_\_\_\_\_

Length of Course: Years \_\_\_\_\_ Months \_\_\_\_\_

Part-time  or Full-time

Current year: Year 1  Year 2  Year 3  Year 4

Other  If other please give details: \_\_\_\_\_

Start date of current year: \_\_\_\_\_ Year course finishes: \_\_\_\_\_

Have you applied for or received any other funding, such as a grant, in relation to this course?

Yes  No

If Yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_

*In the event that you receive any grant or other financial assistance from another source towards the cost of your fees, resulting in a duplication of payment then that amount shall be repayable to the Education Finance Board. Please get in touch with the office if you have any further queries in this regard.*

**CHECKLIST:**

**In order to process your application as quickly as possible, please ensure you have included all of the following relevant documentation:**

1. An original letter of acceptance from the college or adult education centre
2. A description of the course from the college prospectus or website
3. An original invoice **or** receipt for the course
4. Original proof of residency in an Institution
5. Proof of identity (copy) of former Resident
6. Original birth certificate of the former resident
7. Original proof of relationship i.e original full birth certificates of child and grandchild.

**Declaration:**

**I declare that the information which I have given on this form is true to the best of my knowledge, and understand that I am legally responsible for it.**

Signature of Former Resident: \_\_\_\_\_

Signature of grandson/granddaughter: \_\_\_\_\_

Date: \_\_\_\_\_

**All information contained herein is strictly private and confidential and is protected under the Data Protection Act of 1998.**

**Please return form to:**  
Education Finance Board  
Floor 3  
Frederick Court  
24-27 North Frederick Street  
Dublin 1