

**Education Finance Board
An Bord Airgeadais Oideachais**

Stepchild 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 spouse

4. Details of stepson/daughter

Name: _____

Address: _____

Date of Birth: _____/_____/_____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Please supply **original** documentation showing **proof of relationship**

- Please supply an **original** full birth certificate of stepson/daughter

And

- Other supporting documentary evidence as proof of relationship with resident

Please supply name and address for correspondence:-

**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: _____

Email Address: _____

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 former resident
7. Original proof of relationship with resident i.e marriage certificate
8. Original birth Certificate of stepchild

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 stepson/stepdaughter: _____

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