

Request for Information from the Department of Social Protection

Your parent(s)/guardian(s) must complete Part 2 and submit this form at their local DSP Intreo Centre. Keep a photocopy and proof of postage. Submit all documents to CAO by 15 March 2024. It is the responsibility of every applicant to ensure both pages of this form are filled in correctly.

## Part 1: To be completed by HEAR Applicant

HEAR Applicant's Name:	
Address:	
CAO Number:	
Date of Birth:	DDMMYYYY
PPS Number:	

## Part 2: To be completed by applicant's Parent(s)/Guardian(s)

I authorise the release of information outlined below for the purposes of assessing a HEAR application.

Parent 1/Guardian 1 Signature	Parent 2/Guardian 2 Signature		
PPS Number (Parent 1/Guardian 1)	PPS Number (Parent 2/Guardian 2)		
Part 3: To be completed by DSP Official			
Parent 1/Guardian 1 Name:			
Please do not alter the year for which information is required on this form.			
Total Social Welfare Income on all social welfare schemes* previously paid to this PPS number in the year 2022?			
previously paid to this PPS number in the year 2			
previously paid to this PPS number in the year 2 In receipt of means-tested social assistance pa least 26 weeks or 6 months in the year 2022?	2022?		
In receipt of means-tested social assistance pa	2022?		
In receipt of means-tested social assistance pa least 26 weeks or 6 months in the year 2022?	2022?		

\* Excluding Child Benefit and certain supplements paid under the Supplementary Welfare Allowance schemes. This is page 1 of a 2 page form. Page 2 must be completed, signed and stamped.

Parent 2/Guardian 2 Name:			
Please do not alter the year for which information is required on this form.			
Total Social Welfare Income on all social welfare schemes* previously paid to this PPS number in the year 2022? €			
In receipt of means-tested social assistance payment(s) for at least 26 weeks or 6 months in the year 2022?			
Name of Payment(s):			
Payment 1:			
Payment 2:			
*Excluding Child Benefit and certain supplements paid under the Supplementary Welfare Allowance schemes.			
Additional Payment Information			
1. Is there an Adult Dependant on payments listed on this form?			
Name of Adult Dependant:			
2. Are means deducted for payments? YES NO If yes, please enter amount of weekly means deducted			
Weekly means deducted for Parent 1/Guardian 1 in 2022			
Weekly means deducted for Parent 2/Guardian 2 in 2022			
All forms must be completed, signed and stamped by a DSP official. Forms that are not signed and stamped are invalid.			
Name of DSP Official (BLOCK CAPITALS):			
Date: DDDMMYYYY			
Signature of DSP Official			
DSP Official Stamp HEAR is a college and university			
admissions scheme for school leavers, resident in the Republic of Ireland, who are under represented at Higher Education due to their socio-economic background.			

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