

## 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 10 March 2026. It is the responsibility of every applicant to ensure both pages of this form are filled in correctly.

Part 1: 10 be completed by HEAR Applicant				
HEAR Applicant's Name:				
Address:				
CAO Number:				
Date of Birth:	D D M M Y Y	YYY		
PPS Number:				
Part 2: To be comple	eted by applicant's Pare	ent(s)/Guardian(s)		
	information outlined below fo		ng a HEAR application.	
Parent 1/Guardian 1 Sign	ature P	Parent 2/Guardian 2 Signat	ture	
PPS Number (Parent 1/G	uardian 1) P	PPS Number (Parent 2/Gua	ardian 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.				
	ome on all social welfare sc PS number in the year 2024			
In receipt of means-test least 26 weeks or 6 mor	ed social assistance payments	ent(s) for at	ES NO	
Name of Payment(s):				
Payment 1:				
Payment 2:				



<sup>\*</sup> 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 2024?					
In receipt of means-tested social assistance payment(s) for at least 26 weeks or 6 months in the year 2024?					
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?  YES  NO					
Name of Adult Dependant:					
Name of Addit Depondant.					
2. Are means deducted for payments?					
If yes, please enter amount of weekly means deducted					
Weekly means deducted for Parent 1/Guardian 1 in 2024					
Weekly means deducted for Parent 2/Guardian 2 in 2024					
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: DDMMYYY	Y				
Signature of DSP Official					
DSP Official Stamp					
HEAR is a college and univers	•				
admissions scheme for schoo leavers, resident in the Republ					
Ireland, who are under represe					
at Higher Education due to the	eir				