HEAR HIGHER EDUCATION ACCESS ROUTE

Request for Information from the Department of Social Protection

CAO Office Use Only

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. Post all documents to reach CAO by Wednesday 10 March 2027 at 5pm. 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: D D M M Y Y Y Y

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 2025?

In receipt of means-tested social assistance payment(s) for at least 26 weeks or 6 months in the year 2025? **YES** **NO**

Name of Payment(s):

Payment 1:

Payment 2:

* 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 2025? **€**

In receipt of means-tested social assistance payment(s) for at least 26 weeks or 6 months in the year 2025? ☐ **YES** ☐ **NO**

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:

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 2025

Weekly means deducted for Parent 2/Guardian 2 in 2025

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: D D M M Y Y Y Y

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.