



Vocational Training Opportunities Scheme Statement (VTOS)

Student Grant Scheme Schedule 2 Designated Programme Payments

If you were in receipt of a VTOS payment during 2024, please download and complete this form. The Education and Training Board that administered the payment must complete Part B of this form. A signature and stamp is also required.

Statement of Vocational Training Opportunities Scheme (VTOS) Payments

| | |
|------------------|------------------------------------|
| Date of Payments | 1 January 2024 to 31 December 2024 |
|------------------|------------------------------------|

| | |
|----------------------|--|
| SUSI Applicant Name | |
| SUSI Application No. | |

Section A: Personal Details of VTOS Payment Recipient

1. Relationship of VTOS Payment Recipient to SUSI Applicant

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Applicant | Father/Guardian | Mother/Guardian | Spouse/Civil Partner | Co-habitant |

| | |
|------------------------------|--|
| 2. Name of Recipient | |
| 3. Address of Recipient | |
| 4. Recipient's Date of Birth | |
| 5. Recipient's PPS Number | |

Section B: Details of VTOS Payment

Section B must be completed by the Head Office of the ETB that administers the VTOS Payment

| | |
|-------------------------------|---|
| 1. Total VTOS Payment in 2024 | € |
|-------------------------------|---|

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|---|
| 2. Please provide dates for all periods in which payment was made in 2024 |
|---|

| | |
|------|----|
| From | To |
| From | To |
| From | To |



| | | |
|--|--|--|
| Please tick if payment included amounts for | Qualified Adult <input type="radio"/> | Qualified Child <input type="radio"/> |
|--|--|--|

| | |
|--|----------|
| Total Amount paid for Qualified Adult | € |
| Total Amount paid for Qualified Child | € |

| | |
|----------------|------------------------|
| Signed: | |
| | ETB Head Office |
| Date: | |

| |
|------------------|
| ETB STAMP |
|------------------|