

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

0	0	0	0	0
Applicant	Father/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 €

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

From	То
From	То
From	То

Please tick if payment included amounts for	Qu	alified Adult 🔿	Qualified Child 🔘
Total Amount paid for Qualifie	d	€	
Adult			
Total Amount paid for Qualifie	d	€	
Child			
Signed:			ETB STAMP

ETB Head Office	Signed:	1:
Data		ETB Head Office
Date:	Date:	

SUSI