

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

Part B of this	form. A sigr	nature and	d stamp	o is also require		·
					s Scheme (VT)	US) Payments
Date of Payments SUSI Applicant Name SUSI Application No.		1 Janua	ary 20	724 to 31 De	Cember 2024	
Se	ection A:	Persona	l Deta	ils of VTOS F	Payment Recip	pient
Relationsh	ip of VTO	S Payme	nt Re	cipient to SU	ISI Applicant	
0	0		0		0	0
Applicant	Father/G	Guardian	Moth	er/Guardian	Spouse/Civil Partner	Co-habitant
Name of R	-					
Address of	Kecipieni					
Recipient's						
Recipient's	ber					
Sectio		be comp	leted	nils of VTOS by the Head the VTOS Pay	Office of the	ETB that
Total VTOS Payment in 2024				€		
Please pro 2024	vide date	s for all	perio	ds in which _l	payment was i	made in
From				То		
From				То		

То

From



Please tick if payment included amounts for	Qualified Adult	Qualified Child O
Total Amount paid for Qualified Adult	€	
Total Amount paid for Qualified Child	€	

Signed:	
ETB Head Office	
Date:	
FTD GTAND	
ETB STAMP	