

N.B. - START COURSE LETTER FROM FÁS MUST ACCOMPANY THIS FORM



TRAINEE ALLOWANCE ENTITLEMENT

FORM F 103



To: Manager, Social Welfare Local Office:
Community Welfare Officer: _____

Part A Please fill in the following personal details using BLOCK LETTERS so that the Social Welfare Local Office or Community Welfare Officer can give details of your payment.

FÁS pays a standard allowance of €_____ per week (FÁS insert current rate) if you are over 18 years; other rates apply if you are under 18 years)

Your Name: _____ PPS No.: _____

Figures						Letter(s)	

Address: _____

(copy from Social Services Card or Tax form)

Hatch No:

Date FÁS course will start ____/____/20____

Part B To be completed by Social Welfare/Health Service Executive for all clients prior to starting FÁS Training. All questions must be completed.

1. Is the person getting a Social Welfare or Health Service Executive Payment? YES ☐ NO ☐

2. If 'YES', state type of payment e.g. JA, JB etc.

3. Has the person been getting this payment for 52 weeks? YES ☐ NO ☐

4. No. of Days Signing

5. If the person has not been paid for 52 weeks on the current scheme, has s/he 52 weeks on a combination of qualifying payments? YES ☐ NO ☐

Specify qualifying payments _____ From _____ To _____
_____ From _____ To _____

6. Weekly Rate (Where the person has no entitlement under any heading, enter 'NIL')

Personal amount	€	Number of Children: <input type="text"/>
Qualified Adult amount	€	
Qualified Child amount	€	
Fuel/Smokeless Fuel Allowance (if in payment)	€	
Minus Household Means	€	
Total Weekly Amount	€	

Signed: _____
Local Officer/Community Welfare Officer

Local Office/CWO Stamp

FÁS will pay to eligible persons, an equivalent allowance while they are in training. DSFA/HSE will suspend payment of benefit/allowance for the duration of the FÁS course.