



**An Roinn Coimirce Sóisialai  
Department of Social Protection**

Social Welfare Local Office

Telephone:

Fax:

\_\_\_\_\_ 20 \_\_\_\_\_

**Springboard Initiative 2011**

**To be completed by the Customer:**

Re: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PPS Number: \_\_\_\_\_

**To be completed by Office:**

The above-named has been receiving a: Jobseeker's payment, One Parent Family Payment or has been signing for Jobseeker's Credits since \_\_\_\_\_.

Signed: \_\_\_\_\_

Local Officer

Date: \_\_\_\_\_

**Local Office Stamp**

**Customer please note: In order to retain entitlement to payment, Jobseeker customers should apply for the Part-time Education Option by completing a BTE1 form and handing this in to your local office prior to starting the course.**

UP51b