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# THIRD LEVEL GRANT SUPPORT SCHEME FOR UNION REPRESENTATIVES

**APPLICATION FORM 2022/23**

1. Name (block capitals)......................................................................................................................

Address (block capitals} ……………………………………………………………………………………………………

………………………………………………………………………………………………………..…

Eircode:………………………… Daytime Phone No: .........................................

Email:

Fórsa Branch:...........................................................................................................................

Employer (Name/Address)…………………………………………..……………………………..……………

Employer/Staff No:....................................... Union Membership No:….................................

**2. ROLE AS UNION REPRESENTATIVE**

Are you currently a union representative? **YES** □ **NO** □

Were you formerly a union representative? **YES** □ **NO** □

Please set out brief details of your role (now or in the past) as a Union representative.

**3. COURSE DETAILS**

Course Title (Attach Syllabus): .............................................................................................................

College/Educational Institute: .......................................................................................................

Address (of College etc.): .....................................................................................................................

Course Fee 2022/23: € ••••••••••••••••••••••••••••••••••••••• (Attach written verification from College etc.)

Course Year (P1, 2nd etc.):

Has your employer agreed to financially support this course? YES □ NO □

Details of financial assistance from employer or other agency

(Do not leave blank - if "none" state this)

**4. RELEVANCE OF COURSE**

1In this context, a union representative role includes performing any role on behalf of their union colleagues within the union at workplace, branch, vocational group or other level. Please outline why this participating in this course will assist you in your role as a union representative. 2 [If you are now or were not a union representative in the past please set out why the union should consider financially supporting your attendance at this course].

[**This section is mandatory and must be completed}**

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**5. BANK ACCOUNT DETAILS**

**BANK DETAILS:**

**Bank Account name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bank Account number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bank Sort code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IBAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bank name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bank address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please make future payments directly to the bank account referred to above.**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SIGNED: ............................................................................ DATE ……

**Fair processing notice:**

The personal data you provide in this form will be used to process your application to Fórsa’s Third Level Grant Support Scheme. The data may also be used to update your membership details. The information will be kept for one year.

Fórsa is committed to processing personal data in accordance with the requirements of data protection legislation, namely the EU General Data Protection Regulation (GDPR) and Irish Data Protection Act 2018, and aims to maintain consistently high standards in protecting and securing all of your personal information. Our Privacy Statement can be viewed at [www.forsa.ie](http://www.forsa.ie)

# RECOMMENDATION OF UNION BRANCH

*{This must be completed before submission to the union}*

The (insert name of Branch)………………………………………………………………… supports the above application.

SIGNED ………………………………………………………………………… (Branch Officer) DATE………………………………………

**ATTACHMENTS**

The following attachments must be enclosed with this application:

* Course Syllabus
* Verification of course fees
* A copy of the application to your employer for funding for this course and the reply giving details of amount, if any of the funding to be provided
* Details of funding towards the course costs from any other agency
* Applications must be submitted to the address below and any enquiries must to address only to [**bursaries@forsa.ie**](mailto:bursaries@forsa.ie)



The application cannot be considered unless it is completed in full and all relevant details are provided/attached and received before the closing date of Friday 28th October 2022.

Applications should be sent to: Third Level Grant Support Scheme

Membership Services Committee

Forsa

Nerney’s Court

Dublin 1 D01R2C5

To arrive no later than **5.30 p.m. on Friday 28th October 2022.**

Applications received after that time/ date – irrespective of reason- will not be considered.

1 2 Continue this note on a separate page if necessary

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