



SPRINGBOARD HIGHER EDUCATION AND TRAINING SB611 FORM

To be completed by the applicant

Name: _____

Address: _____

Date of Birth: _____

PPS No.: _____

Please tick payment you were in receipt of immediately prior to your current Jobseekers payment and the dates of the payment:

Disability Allowance

Back to Education Allowance

Back to Work Enterprise Allowance

VTOS

FÁS Training Allowance

Dates (month/year) From: _____ to: _____

Declaration: I certify that the information I have provided above is true and accurate. I understand that if routine checking of the information against official records reveals the provision of false or misleading information, my place on Springboard may be withdrawn.

Signature of applicant: _____ Date: _____

Submit this completed form with your UP51b form to your Springboard Provider