Vocationa Vocationa

Government

Department of Education, Sport and Culture Rheynn Ynsee, Spoyrt as Cultoor

Vocational Training Assistance Scheme (VTAS) Application for Maintenance Assistance

This form is for employees with difficulty accessing employment, whose employer made an application on their behalf. This form must be completed by the employee after the employer has submitted an online application. Individuals applying on their own behalf should apply for maintenance via the online portal.

1. Details	of Employee		
First Name		Address Line 1	
Middle Name		Address Line 2	
Last Name Date of Birth		Town Postcode	-
Email Address		Country	-
Telephone Nun	nber	VTAS Reference	
Employer		(obtain from employer)	
		.	
2. Difficult	ty with Accessing Employment		
	iencing difficulties in accessing employment, tance Scheme Guidance? (see criteria below)		s defined in the Vocational
YES		NO	
1			
	lect the applicable difficulty by ticking the bo	x: (Please note further inves	stigation may be required)
	rperienced		
	g difficulties and/or disabilities		
_	red disabled	<u> </u>	
	stody less than 12 months before applying fo	r funding	
EX-Arm	ed Forces personnel		
Describe your cir	rcumstances and how the difficulty is affecting	ng accessing employment or	advancing your career.
	Department of Education, Sport and Culture ation as described below.	may process, share or appro	oach your institution directly to obtain
Legal basis	The data subject has given consent to the proce	essing of his or her nersonal data	a for one or more specific purposes
Shared with	Relevant education/training establishment and e		Tor one or more specific purposes.
Retention period	Six years after completion of studies		
Privacy notice	https://www.gov.im/about-the-government/departi		re/privacy- notice/#accordion
	L		
Name (please prin	ıt)	Date _	DD/MM/YYYY
The Training Serv Department of Ed	ducation, Sport & Culture e Isle of Man, Homefield Road, Man, IM2 6RB	agov.im, or return to the	below address:
For Official Use			
Document seen:			
Further investigat	ion required:		
Approved (Yes/No			
Approved by:		Date:	

VTAS Bank Details Maint	enance Grant Form
VTAS Reference (must be	completed):
Please complete this for	orm in Block letters.
	f successful completion of the training within 6 months cessed after this cut-off period.
	e made on the condition that payment, when due, will be made by As such, you MUST complete the following section:
Account Holder Name:	
Account Holder Address:	
	Post Code:
Bank Name:	
Sort Code:	
Soft Code. Triffiniti	Account Number:
Please read carefully be To the best of my correct and complete I have read the Volume and understand the and-financial-supplete I agree that the Deapproach the relevance in the second carefully be approach to the second carefully be approached carefully be	pefore ticking the box to agree: knowledge and belief, the information provided in this form is
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Please return this completed application via email to training@gov.im. Alternatively you may post it to: Department of Education, Sport and Culture, Vocational Training Assistance, University College Isle of Man, Homefield Road, Douglas, Isle of Man IM2 6RB.