**Student Accommodation Assistance Form for Care Experienced Students**

The form must be signed and stamped by a social worker, care worker or representative of TUSLA.

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| **Section A – Student’s Details**  **(To be completed by student)** | | |
| Name of Student: |  | |
| Higher Education Institution: |  | |
| **Section B – Tusla Information and Validation**  **(To be completed by Tusla Official)** | | |
| Does the applicant have experience of the care system between the ages of 16 and 18? | Yes □ | No □ |
| Is the applicant eligible for the aftercare allowance? | Yes □ | No □ |
| Completed by: (Signature) |  | |
| Position: |  | |
| Contact Details: | Phone: | Email: |
| Date: |  | |
| Official Stamp: | | |