**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: |