

**Lifelong Learning Centre,
Dundalk Institute of Technology
Dublin Road, Dundalk, Co. Louth
T: 042-9370290 / F: 0429370291
E: parttime@dkit.ie / W: www.learn.ie**



**Department of Social Protection,
Millennium Buildings,
Alphonsis Road, Dundalk, Co. Louth**

To Whom It May Concern,
The individual named below wishes to enrol on one of our part-time education courses. Could you please verify that s/he is currently in receipt of a Social Welfare Payment in order to qualify for a 20% reduction of fees.

Yours sincerely,

*Anton Barrett
Head of Lifelong Learning*

**TO BE COMPLETED BY INDIVIDUAL ENROLLING ON PART-TIME COURSE
(PLEASE NOTE ONLY **CERTAIN COURSES** QUALIFY FOR A DISCOUNT)**

Name: _____

Address _____

PPS Number:

Course: _____

TO BE COMPLETED BY DEPARTMENT OF SOCIAL PROTECTION REPRESENTATIVE

I verify that the person named above is in receipt of a Social Welfare benefit and therefore is entitled to a **20%** reduction of fees.

Signed: _____ Date: _____

Print Name: _____ Phone: _____

