

# Learner Detail Form



V 1.1

Thank you for applying for a further education and training course. Everyone who registers for a course must complete all sections that apply to them in this form.

We ask a lot of questions in this form so it may take you some time to complete it. The information you provide helps us to improve our service to you and also to improve education and training in Ireland. All personal information is kept safe and confidential in line with current data protection regulations.

## What you need to complete this form

- The title and PLSS reference number of the course you are applying for – your course provider can give this to you.
- Your Personal Public Service Number (PPSN).
- Your medical card number if you have one.
- Specific information if you are from outside the European Economic Area (EEA).

## Next steps

1. Fill-in sections 1-4 of the form. Section 5 is optional, but you must tick if you do not want to answer the questions. Ask your course provider if you have any questions or if you need help filling in the form. If you do not complete Sections 1, 2, 3 and 4, we cannot register you for a course.
2. Sign the Data Protection Statement (page 10). We need your signature to confirm that you have read and understood how we will use and share the personal information you provide in this form.
3. Return your completed and signed form to your course provider.

## Data Protection

By completing and signing this form you agree that we and other organisations may use your personal information in Sections 1, 2, 3 and 4 of this form for example to manage your application, contact you about your application, gather information and statistics about courses and to comply with monitoring and reporting requirements. If you decide to provide information in Section 5, you agree to let us and other organisations use your sensitive personal information. Please read and understand the Data Protection Statement carefully before signing on page 10. We need your signature to confirm that you have read and understood how we will use and share the personal information you provide in this form.



An Roinn Breisoideachais agus Ardoideachais,  
Taighde, Nuálaíochta agus Eolaíochta  
Department of Further and Higher Education,  
Research, Innovation and Science



Rialtas na hÉireann  
Government of Ireland



Co-funded by the  
EUROPEAN UNION

*Further education and training courses are co-funded by the Government of Ireland and the European Union*



## Course Details: The course you are interested in?

If you don't know these, ask your course provider

|                      |                        |
|----------------------|------------------------|
| <b>Course Title:</b> | <b>PLSS reference:</b> |
|----------------------|------------------------|

## Section 1: Your personal details

|   |   |
|---|---|
| <b>Name:</b>  | <b>PPSN:</b>                                  |
| <b>Address:</b>   |   |
| <b>Eircode/Postcode:</b>  |   |
| <b>Term address and Eircode (if different from address above):</b>  |   |
| <b>Phone number mobile:</b>   | <b>Email:</b>                                 |
| <b>Phone number landline:</b>   |   |
| <b>Gender</b> (tick one box): <b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> | <b>Date of birth:</b>                         |
| <b>Nationality:</b>   | <b>Country of birth:</b>                      |
| <b>Emergency contact 1</b><br>Name:<br>Phone:   | <b>Emergency contact 2</b><br>Name:<br>Phone: |
| <b>Are you under 18</b> (tick one box):<br>Yes <input type="checkbox"/> No <input type="checkbox"/>       |   |
| <b>If 'No' please ignore the following question and go to next page. If 'Yes' please answer below.</b>    |   |
| <b>What are the contact details of your parent or guardian</b>  |   |
| <b>Name:</b>  |   |
| <b>Phone:</b>   | <b>Email:</b>                                 |

## Section 2: Social Welfare Payments, including Benefits and State Payments before starting the course

Do you have a Medical Card (tick one box): Yes  No

Medical Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Which of the following applies to you before starting the course (tick one box):

In receipt of a welfare payment  Signing for Credits

Dependant of a Social Welfare/Training Payment recipient or Medical Card holder

None of the above

How long have you received welfare payments or signed for credits:

If less than a year: give number of weeks \_\_\_\_\_

If a year or more: give number of years \_\_\_\_\_

If you ticked dependant of a Social Welfare/Training Payment recipient or Medical Card holder, what is your relationship to the recipient: Partner/Spouse  Other

### Section 2.1: Complete this section if you receive a Welfare Payment

What payment(s) do you receive (tick one box or more):

|   |  |
|---|--|
| Carer's Allowance <input type="checkbox"/>                            | Community Employment Scheme <input type="checkbox"/> |
| Disability Benefit/Allowance <input type="checkbox"/>                 | Direct Provision Payment <input type="checkbox"/>    |
| Illness Benefit <input type="checkbox"/>                              | Invalidity Pension <input type="checkbox"/>          |
| Jobseekers Benefit <input type="checkbox"/>                           | Jobseekers Allowance <input type="checkbox"/>        |
| One Parent Family Payment <input type="checkbox"/>                    | State Pension <input type="checkbox"/>               |
| Widow(ers)/Surviving Civil Partner's Pension <input type="checkbox"/> | Working Family Payment <input type="checkbox"/>      |
| Pandemic Unemployment Payment <input type="checkbox"/>                |  |

Do you receive any other welfare payment? Yes  No

If Yes, please state what it is: \_\_\_\_\_

### Section 2.2: This section is only for those who are from outside the European Economic Area (EEA)

**Ignore this section unless you come from outside the European Economic Area (EEA)**

**Garda National Immigration Bureau (GNIB) card**

Do you hold a GNIB card with a Stamp 4 (tick one box):

Yes  No  GNIB Expiry Date: \_\_\_\_\_

**Labour Market Permissions Letter**

Do you have a Labour Market Permissions Letter issued from the Irish Naturalisation and Immigration Service (INIS), part of the Department of Justice and Equality (tick one box): Yes  No

### Section 3: Your highest level of education and training (before starting this course) – and supports sought

Please tell us what is the highest level of education you have had and the country where it took place, before starting this course. Tick one box below and write in the information we ask for (Year, Course Title, and Country where you studied, if not Ireland).

|  |   |  |
|--|---|--|
| No formal education or training <input type="checkbox"/>   | Primary Education <input type="checkbox"/>                          | Certificate NFQ Level 1 or 2 (Full/Major Award) <input type="checkbox"/>     |
| Junior Cert; Inter Cert; Group Cert; GCSEs; O Levels; or NFQ Level 3 (Full/Major Award) <input type="checkbox"/> | Transition Year <input type="checkbox"/>                            | Leaving Cert; A Levels, or Applied Leaving Cert <input type="checkbox"/>     |
| Certificate NFQ Level 4 (Full/Major Award) <input type="checkbox"/>  | Certificate NFQ Level 5 (Full/Major Award) <input type="checkbox"/> | Advanced Certificate NFQ Level 6 (Full/Major Award) <input type="checkbox"/> |
| Other non-NFQ aligned FET. <input type="checkbox"/>  | Higher Certificate NFQ Level 6. <input type="checkbox"/>            | Ordinary Bachelor Degree; Diploma NFQ Level 7 <input type="checkbox"/>       |
| Honours Bachelor Degree <input type="checkbox"/>   | Professional (NFQ 8+) <input type="checkbox"/>                      | Post-graduate <input type="checkbox"/>                                       |

**Year:** \_\_\_\_\_ **Course Title** (if applicable): \_\_\_\_\_

**Country (if outside Ireland):** \_\_\_\_\_

**Have you gained qualifications or credits through the formal Recognition of Prior Learning (RPL) process** (tick one box):

Yes  No

**Have you taken part in non-formal learning in the last 4 weeks** (tick one box): Yes  No

Non-formal learning includes things like private lessons, organised sessions for on-the-job training, workshops or seminars.

**Do you need learning support?**

Tick all of the boxes that apply. Your Course Provider will make every reasonable effort to put supports in place for you but they might not be able to put all of the supports in place for practical and other reasons.

**I need support with:**

|   |
|---|
| English Language <input type="checkbox"/>                         |
| Numeracy (maths) <input type="checkbox"/>                         |
| Literacy (reading, writing and spelling) <input type="checkbox"/> |
| Digital Literacy (computers) <input type="checkbox"/>             |
| None of the Above <input type="checkbox"/>                        |

**If you need any other supports when attending a course, please list them here:**

## Section 4: Your economic status (before starting this course)

What is your main economic status before starting this course (Tick one box only):

|                            |                          |                    |                          |
|----------------------------|--------------------------|--------------------|--------------------------|
| Unemployed                 | <input type="checkbox"/> | Employed full-time | <input type="checkbox"/> |
| Employed part-time         | <input type="checkbox"/> | Student or trainee | <input type="checkbox"/> |
| Engaged in home duties     | <input type="checkbox"/> | Retired            | <input type="checkbox"/> |
| Inactive for other reasons | <input type="checkbox"/> |                    |                          |

When did this economic status begin:

If less than a year: Please write date as follows: MMYYYY \_\_\_\_\_

If a year or more: give number of years \_\_\_\_\_

## Section 4.1: Your last or current employment (job)

If you were employed before or are currently employed, please fill in this section.

**If you have never been employed, ignore this section and go to section 5**

What is your last or present job title:

How long have you been in your last or present job: \_\_\_\_\_ Years \_\_\_\_\_ Months

Was this job (tick one box):

Full-time  Part-time

Employment status in last job you had or in your present job (tick one box only):

|                                    |                          |               |                          |
|------------------------------------|--------------------------|---------------|--------------------------|
| Employee                           | <input type="checkbox"/> | Self employed | <input type="checkbox"/> |
| Taking part in a Government scheme | <input type="checkbox"/> | Other         | <input type="checkbox"/> |

What type of contract did you or have you got (tick one box only):

|                   |                          |                |                          |
|-------------------|--------------------------|----------------|--------------------------|
| Permanent         | <input type="checkbox"/> | Fixed Term     | <input type="checkbox"/> |
| Temporary         | <input type="checkbox"/> | Apprenticeship | <input type="checkbox"/> |
| Employment Agency | <input type="checkbox"/> | No contract    | <input type="checkbox"/> |

## Section 5: Your further details

If you provide information in this section, it will only be used for statistical purposes. This section only needs to be filled in when you are on the course.

This question is optional, if you prefer not to answer, tick this box:

**Ethnic and cultural background** (tick one box only):

### White

- |                            |                          |
|----------------------------|--------------------------|
| Irish                      | <input type="checkbox"/> |
| Irish Traveller            | <input type="checkbox"/> |
| Roma                       | <input type="checkbox"/> |
| Any other White background | <input type="checkbox"/> |

### Black or Black Irish

- |                            |                          |
|----------------------------|--------------------------|
| African                    | <input type="checkbox"/> |
| Any other Black background | <input type="checkbox"/> |

### Asian or Asian Irish

- |                                   |                          |
|-----------------------------------|--------------------------|
| Chinese                           | <input type="checkbox"/> |
| Any other Asian background        | <input type="checkbox"/> |
| Other, including mixed background | <input type="checkbox"/> |

If 'Other' please say what it is: \_\_\_\_\_

This question is optional, if you prefer not to answer, tick this box:

**It would be helpful for statistical purposes if you could let us know if any of these categories apply to you** (tick one box or more):

- |   |                          |
|---|--------------------------|
| A parent in a one parent household              | <input type="checkbox"/> |
| A dependant in a one parent household           | <input type="checkbox"/> |
| A parent in a jobless household with dependants | <input type="checkbox"/> |
| A dependant in a jobless household              | <input type="checkbox"/> |
| Part of a jobless household with no dependants  | <input type="checkbox"/> |
| None of the above                               | <input type="checkbox"/> |

This question is optional, if you prefer not to answer, tick this box:

**It would be helpful for statistical purposes if you could let us know if any of these categories apply to you** (tick one box): **Yes**  **No**

- |                     |
|---------------------|
| An ex-offender      |
| A substance misuser |
| Homeless            |

## Section 5.1: Long-lasting conditions

The questions in this section are optional, if you prefer not to answer, tick this box:

Do you have any of the following long-lasting conditions or difficulties (tick one box or more):

|   |   |
|---|---|
| Blindness or a serious vision impairment <input type="checkbox"/>   | Deafness or a serious hearing impairment <input type="checkbox"/> |
| A difficulty with basic physical activities (for example, walking, climbing stairs, reaching, lifting or carrying) <input type="checkbox"/> | An intellectual disability <input type="checkbox"/>               |
| A difficulty with learning, remembering or concentrating <input type="checkbox"/>   | A psychological or emotional condition <input type="checkbox"/>   |
| A difficulty with pain, breathing, any other chronic illness or condition <input type="checkbox"/>  | None of the above <input type="checkbox"/>                        |

The questions in this section are optional, if you prefer not to answer, tick this box:

Do you provide regular unpaid personal care for a friend or family member with a long-term illness, health problem or disability (tick one box): Yes  No

If 'Yes', how many hours a week do you provide this help \_\_\_\_\_

## Section 5.2: Residency status for those outside the EEA

If you are from outside the European Economic Area, you can choose to complete this section.

The questions in this section are optional, if you prefer not to answer, tick this box:

What is your residency status (tick one box only):

|  |  |
|--|--|
| Refugee status <input type="checkbox"/>  | Asylum seeker <input type="checkbox"/>     |
| Student visa <input type="checkbox"/>  | Employment permit <input type="checkbox"/> |
| Leave to remain in Ireland on humanitarian or other grounds <input type="checkbox"/> | Other <input type="checkbox"/>             |

If 'Other', please state: \_\_\_\_\_

How long have you lived in the Republic of Ireland (tick one box):

Less than a year  One year or more

If 'One year or more', please say how many: \_\_\_\_\_



# Programme Learner Support System (PLSS) Data Protection Statement

## 1. Purpose and Scope of this Statement

This Data Protection Statement ("**Statement**") sets out the basis on which An tSeirbhís Oideachais Leanúnaigh agus Scileanna (the National Further Education and Training Authority) ("**SOLAS**") of Block 1, Castleforbes House, Castleforbes Road, Dublin 1 and Laois and Offaly ETB will use the personal information ("**Personal Data**") you provide in connection with your application for, and subsequent programme of study on, a further education and training ("**FET**") programme funded through SOLAS. This Statement details your Personal Data that will be collected and processed for the purposes of the Programme Learner Support System ("**PLSS**") in order to facilitate the operation, management and coordination of your FET programme or course and your needs as a FET learner or applicant. It also outlines how Personal Data relating to your emergency contacts and parents or guardian details for under 18s will be processed by SOLAS and Laois and Offaly ETB. You agree to make third parties whose Personal Data or information you disclose aware of the terms of this Data Protection Statement.

The PLSS is a joint project between SOLAS and Education and Training Boards Ireland ("**ETBI**"). PLSS is a suite of software applications that are designed to provide an integrated approach to the collection and processing of Personal Data of users of PLSS and FET programmes funded through SOLAS (or other parties), and the outputs, outcomes and performance of such programmes.

Prior to implementing the PLSS, SOLAS carried out a data protection impact assessment to assess the impacts of PLSS on your data protection rights.

### Who collects your Personal Data?

When you apply to attend a FET programme funded through SOLAS, Personal Data that you provide will be held by one or more of the following entities (each a "**Controller**"), further details of which are available in **Appendix 1**:

- SOLAS
- Your FET programme provider, such as your Education Training Board ("**ETB**")
- ETBI
- Higher Education Authority
- Department of Education and Skills
- Quality and Qualifications Ireland
- Department of Employment Affairs & Social Protection
- Central Statistics Office
- Student Universal Support Ireland

Each Controller is committed to ensuring that the Personal Data of its learners are handled in accordance with the principles set out in the General Data Protection Regulation (Regulation (EU) 2016/679) and the Data Protection Acts 1988 to 2018. If you have any queries about how your Personal Data are processed please contact Laois and Offaly ETB's Data Protection Officer at [dpo@loetb.ie](mailto:dpo@loetb.ie).

## 2. What Personal Data will be collected and how will it be collected?

When you apply for a FET programme funded through SOLAS (or other parties), you will be asked to provide Personal Data and information about yourself (e.g. when you fill in this application form). The Personal Data will include the information you provide when you fill in this application form such as your PPSN, first name, surname, address, date of birth, gender, nationality, whether you are in receipt of a Department of Employment Affairs & Social Protection ("**DEASP**") payments and/or employment details for those of you that are or were in employment and/or highest educational level attained. PLSS will record the course you enrolled in and your award (if any).

Each of the Controllers will process Personal Data and information that you provide and, in some instances where relevant, information provided to them by third parties such as other Governmental/public sector bodies (see more about this below).

### 3. How and why we process your Personal Data

This section details how ("legal basis") and why ("purposes") each Controller processes your Personal Data:

**Legal basis:** it is necessary to process your Personal Data in PLSS in order to perform our contract with you in connection with your application to and attendance on a FET programme funded through SOLAS (or other parties). By submitting your application you acknowledge that such Personal Data may be processed for the following purposes, including:

- to contact you about your application;
- to administer your application and to assess your eligibility for a FET programme funded through SOLAS in a particular academic year;
- to follow up with you after the application is received, as required;
- to maintain your learner record (including personal and course details);
- to manage course processes (including commencement, completion, progressions);
- to provide advice and support through the FET provider Guidance Services, where available;
- to contact you after the course completion in order to measure course impact in relation to your further education and training participation and/or employment;
- to track, evaluate and assess the outcomes of the FET programme;
- to comply with European Union monitoring and reporting requirements; and

**IMPORTANT:** if you do not provide us with your Personal Data so that we can process it for the above purposes, the Controllers will not be able to enrol you or administer your participation on a FET programme.

**Legal basis:** it is also necessary to process your Personal Data for each Controller to comply with legal obligations to which they are subject including for the following purposes:

- to comply with each Controller's statutory mandate;
- to assist in the co-ordination and provision of training by others and conduct research into the functions of SOLAS as mandated under the Further Education and Training Act 2013. This might include tracking involvement in, conducting impact evaluations on and assessing outcomes of FET programmes funded through SOLAS. Accordingly, pursuant to agreed protocols and arrangements, SOLAS may provide to and receive from other Governmental, regulatory and/or public bodies (including those listed in **Appendix 1** of this Statement), limited and specific types of Personal Data about you or provided by you in your application for a FET programme. For example, FET providers are required to disclose some of your personal data to SOLAS for statistical purposes; and
- to comply with the monitoring, reporting and evaluating requirements of the Department of Education and Skills where you are a participant in an European Union co-funded programme to which they provide funds.

**Legal basis:** SOLAS may process Special Categories of your Personal Data (e.g. information relating to your socio-economic background such as your ethnic or cultural background and/or living circumstances) for the purposes of:

- statistical and research purposes at an aggregate level; and
- comparing the progress of socio-economic groups participating on FET programmes funded through SOLAS.

Such statistics and research will assist in identifying gaps in the FET system and assisting in the development and implementation of appropriate policies (e.g. equal opportunity policies) and interventions for future learners.

**IMPORTANT:** the provision of Special Categories of your Personal Data is **entirely voluntary** and it is for you to **freely decide** to provide such information or not. Such data will be further used (e.g. for reporting purposes) in aggregate form, which means that data is grouped with no identifying information in a statistical format. If you decide to provide this data, you are giving your explicit consent for Special Categories of your Personal Data to be processed for the above purposes. **You have a right to withdraw your consent at any time to the processing of your Special Categories of your Personal Data where it is processed for the above purposes.**

#### 4. Disclosure of your Personal Data

Each of the Controllers undertakes to maintain your Personal Data in secure conditions with appropriate technical and organisational measures to protect it from unauthorised access or use. The Personal Data held on your PLSS record will be disclosed to relevant staff of the relevant Controllers and the FET programme provider and SOLAS on a need-to-know basis. All staff are made aware of the procedures they must follow to ensure your Personal Data is appropriately protected.

The Personal Data you provide may be disclosed to third parties if SOLAS or another Controller is under a duty to disclose or share your Personal Data in order to comply with any legal or regulatory obligation or request or to perform a public function. It may also be necessary to disclose your Personal Data to comply with reporting obligations where you are a participant of a European Union co-funded programme. Some of your Personal Data will be disclosed to allow monitoring, reporting and evaluating of programmes where the programme is co-funded by the European Union. SOLAS may also disclose your Personal Data to Governmental, regulatory and/or public bodies (including those listed in **Appendix 1**) for the purposes outlined in **Appendix 1** or for statistical purposes.

#### 5. Sources of your Personal Data

When you fill in this form, you are providing us with your Personal Data. However, in some instances we also receive Personal Data about you from the Department of Employment Affairs and Social Protection. The Personal Data which is received consists of your PPSN, name, address, email, phone, date of birth, gender, supports required and employment support Group.

#### 6. How long we will keep your Personal Data

The Controllers will keep your Personal Data for the purposes of on-going administration, audit, and review, but only for as long as is necessary to meet the purposes set out in this Statement and in accordance with each Controller's retention policy. Each Controller will keep historical data that is no longer required for these purposes for a set time before disposal according to its data retention policy. In each case, each Controller will not keep your Personal Data for any longer than is necessary in accordance with applicable law.

If you would like more information on a specific Controller's retention policy relating to your Personal Data, please contact Laois and Offaly ETB's Data Protection Officer at [dpo@loetb.ie](mailto:dpo@loetb.ie).

#### 7. Your Rights

This subsection sets out the rights which you have to address any concerns or queries with us about our processing of your Personal Data:

| Right                                     | Further Information  |
|---|--|
| <b>Right of Access</b>                    | You have the right to request a copy of the Personal Data held by us about you.<br>We will only charge you for making such an access request where we feel your request is unjustified or excessive.   |
| <b>Right to Rectification</b>             | You have the right to request that we amend any inaccurate Personal Data that we have about you.   |
| <b>Right to Erasure</b>                   | You have the right to ask us to erase your Personal Data where: <ol style="list-style-type: none"><li>1. it is no longer necessary to perform your contract with us;</li><li>2. you object to the processing and we have no overriding legitimate grounds;</li><li>3. your Personal Data has been unlawfully processed; or</li><li>4. it must be erased to comply with a legal obligation.</li></ol>   |
| <b>Right to Restriction of Processing</b> | You have the right to ask us to restrict processing your Personal Data in the following situations: <ol style="list-style-type: none"><li>1. where you contest the accuracy of your Personal Data;</li><li>2. where the processing is unlawful and you do not want us to delete your Personal Data; or</li><li>3. where we no longer need your Personal Data for the purposes of processing but you require the data in relation to a legal claim.</li></ol> <ul style="list-style-type: none"><li>• When you exercise this right we may only store your Personal Data.</li><li>• We may not further process the data unless you consent or the processing is necessary in relation to a legal claim or to protect the rights of another person or legal person or for reasons of important public interest.</li><li>• We will inform you before the processing restriction is lifted.</li></ul> |

|                                  |  |
|----------------------------------|--|
| <b>Right to Data Portability</b> | <p>You may request us to provide you with your Personal Data which you have given us, in a structured, commonly used and machine-readable format and you may request us to transmit your Personal Data directly to another controller, where this is technically feasible. This right only arises where:</p> <ol style="list-style-type: none"> <li>1. we process your Personal Data on the legal basis that it is necessary to perform our contract with you; <b>and</b></li> <li>2. the processing is carried out by automated means.</li> </ol> |
| <b>Right to Withdraw Consent</b> | <p>If you have given your consent to processing of Special Categories of your Personal Data, you have the right to withdraw your consent to the processing of that data at any time. Note that if you do withdraw your consent, the processing carried out with your consent up to that point will be lawful.</p>  |

You can exercise any of these rights by submitting a request to Laois and Offaly ETB's Data Protection Officer at [dpo@loetb.ie](mailto:dpo@loetb.ie).

You will be provided with information on any action taken upon your request in relation to any of these rights without undue delay and at the latest within one month of receiving your request. A Controller may extend this by up to 2 months if necessary, however we will inform you if this arises.

You have the right to lodge a complaint with the Data Protection Commission with regards to the processing your Personal Data for the purposes outlined in this Statement.

## 8. Changes to this Statement

This Statement may be amended from time to time, in whole or part, at SOLAS' sole discretion. Any changes to this Statement will notified via the website [fetchcourses.ie](http://fetchcourses.ie).

If at any time your Personal Data is used in a manner significantly different from that stated in this Statement, or otherwise disclosed to you at the time it was collected, you will be notified by e-mail / post, and you will have a choice as to whether or not we use your Personal Data in the new manner.

## 9. Contact Us

If you have questions or concerns about this Statement, or if you wish to exercise any of your rights as a data subject, please contact Laois and Offaly ETB's Data Protection Officer at [dpo@loetb.ie](mailto:dpo@loetb.ie).

I confirm I have read the Data Protection Statement and that the information given on this form is accurate

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 1 Data Controllers

**Department of Education and Skills:** To monitor, report and evaluate on programmes.

**Department of Employment Affairs & Social Protection:** To allow for referrals from DEASP, to validate information on applicants in receipt of social welfare payments and update DEASP on client outcomes.

**Quality and Qualifications Ireland:** To verify information regarding applicant's certification outputs as a result of attending an FET Programme.

**Higher Education Authority ("HEA"):** To verify and validate applicants who progress to higher education.

**Education and Training Boards and ETBI:** To verify and validate details of applicants who progress to further education.

**Student Universal Support Ireland:** To verify and validate information regarding a learner's attendance or completion of a course and provide financial support.

**Central Statistics Office:** In exercising its functions under the Statistics Act 1993.