



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.

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 <input type="checkbox"/>	No <input type="checkbox"/>
Is the applicant eligible for the aftercare allowance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Completed by: (Signature)		
Position:		
Contact Details:	Phone:	Email:
Date:		
Official Stamp:		