

## ACCESS IADT Entry Route 2026 Application **Example Form**

This is provided only to prepare for the online application.

Please apply online via the link below by Friday 1<sup>st</sup> May 2026 at 1pm:

[https://iadt.formstack.com/forms/access\\_iadt\\_entry\\_route\\_2025\\_copy](https://iadt.formstack.com/forms/access_iadt_entry_route_2025_copy)

Contact [access@iadt.ie](mailto:access@iadt.ie) with any queries

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### APPLICATION FORM

#### Personal Information

**Q1.** Student name:

**Q2.** Student email address:

**Q3.** Student home address:

**Q4.** Student Eircode:

**Q5:** Student Gender:

**Q6:** Student date of birth:

**Q7.** Student mobile phone number:

**Q8.** Parent/guardian name:

**Q9.** Parent/guardian email:

#### Educational Information

**Q10.** CAO number:

**Q11.** Please name the IADT course(s) you have applied to via the CAO:

**Q12:** I am applying on the basis of Leaving Cert or QQI:

**Q13.** Did you also apply to the Higher Education Access Route (HEAR) or the Disability Access Route to Education (DARE) schemes?

**Q14.** Current secondary school or last secondary school you attended:

**Q15.** Secondary school dates (from/to):

**Q16.** Use the text box below to add a list of other secondary schools you have attended before your current/last school, with dates.

**Q17.** Further Education/PLC College attended if applicable. E.g. Bray Institute of Further Education (BIFE):

**Q18.** Further Education/PLC College dates of attendance (From/To) E.g. 2023-2024:

### **Eligibility Criteria**

**Q19.** Please confirm if you attended a DEIS secondary school.

**Q20.** Please confirm if you are a member of the Travelling or Roma communities.

If you are a member of the Traveller or Roma communities please upload a letter confirming this from a teacher, healthcare professional, social worker, community worker or other professional.

**Q21.** Please confirm if you are currently in the Care of the State/Tusla (the Child and Family Agency) or previously in Care of the State/HSE.

If you are currently or have been previously in the care of the state/Tusla, please upload a letter or correspondence from a social or project worker to confirm this.

**Q22.** Please confirm if you are a young parent (you have one or more children).

If you are a young parent please share correspondence or a letter from the Department of Social Protection confirming you are in receipt of the Child Benefit payment.

**Q23.** Select the situation that describes your immediate family situation best.

- I live in a one-parent/guardian household
- I live in a two-parent/guardian household
- Other:

**Q24.** Parent/Guardian Number 1 Full Name:

**Q25.** Parent/Guardian Number 1 Employment Status

- Employed/self-employed
- Not currently employed
- Other

**Q26.** Parent/guardian Number 2 Full name

**Q27.** Parent/guardian Number 2 Employment Status

- Employed/self-employed
- Not currently employed
- Other

**Q28.** Did your Parent(s)/Guardian(s) receive any means-tested payments from the Department of Social Protection for at least 26 weeks in 2024?

If the answer is yes to receiving a means-tested payment, please name the payment(s) received.

Please upload proof of payments(s). For example correspondence with the department of social protection, or a statement of income from the Department of Social Protection for 2024.

**Q29.** Did you/your family have a medical card or GP visit card that was in date on the 31st December 2025?

If yes, please provide the number of the medical or GP Visit card.

Please upload a photo of the card, or correspondence confirming you had/have a medical or GP visit card.

**Q30.** Was your household income below €46,790 in 2024? If the answer is yes please upload a document from revenue, see below.

If your parent(s)/guardian(s) were in paid employment in 2024 on a full, part time or temporary basis please provide a Statement of Liability from 2024 (Formerly a P21), this can be requested from the revenue website. • If your parent(s)/guardian(s) were self-employed, engaged in farming, or receiving rent from rental properties in 2024, please provide a Self-Assessment – Chapter 4 for 2024 from Revenue Commissioners or Tax Exemption Letter • If your parent(s)/guardian(s) retired in 2024, please provide a Statement of Liability for 2024 or Self-Assessment – Chapter 4 for 2024

**Q31.** National Access Plan (NAP) Target Groups. Do you belong to any of these groups? Please tick as many as apply to you.

- Students who are migrants or refugees or who have experience of the international protection process
- Students from ethnic minorities
- Students who are survivors of domestic violence
- Students who are carers
- Students who have experienced homelessness
- Students with disabilities, including intellectual disabilities
- Students with experience of the criminal justice system
- None of these apply to me

**Q32.** Personal Statement. Use this space to tell us anything that may support your application, e.g. recent changes in family or living circumstances, changes in income, if you are living in a homeless accommodation, direct provision or facing any additional barriers to going to college that have not been covered in the above questions.

\* If you feel that you will not meet the eligibility criteria, you can also submit a letter of support outlining your suitability for Access IADT completed by one of the following: Guidance Counsellor/Principal/Sports Coach/Other. Please email it to [access@iadt.ie](mailto:access@iadt.ie)