

CERTIFICATE OF CONTINUED STUDIES FOR THE PURPOSES OF FAMILY BENEFITS

A. Application for certificate

To be completed by the institution responsible for granting family benefits.

1.	Pupil or student	Apprentice	Vocational training
1.1	Surname:		
1.2	First names:		
1.3	Place of birth	Date of birth	Identification number (NISS)
1.4	Address		

2.	Institution responsible for granting family benefits		
2.1	Designation		
2.2	Address		
2.3	File reference number		
2.4	Stamp	2.5	Date
		
		2.6	Signature
		

B. Certificate

To be completed by the institution (school or institution of higher or university education, the company or the institution responsible for the apprenticeship) and sent to the institution mentioned in box 2.

3.	
3.1	The person mentioned in box 1 has been attending the establishment specified in box 4 since
3.2	The academic year began on..... (date) and ended on (date)
3.3	The young person follows: <input type="checkbox"/> non-higher education <input type="checkbox"/> higher education <input type="checkbox"/> apprenticeship/work-study training (complete box 5) <input type="checkbox"/> vocational training (complete box 5)
3.4	Is the young person in graduating year? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	Does the young person attend at least 17 hours of non-tertiary education classes per week?* <input type="checkbox"/> Yes <input type="checkbox"/> No Does the young person attend at least 13 hours of higher or university education per week? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student earn at least 27 credits per academic year? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.6	The programme <input type="checkbox"/> is <input type="checkbox"/> is not recognized by the State <input type="checkbox"/> corresponds to <input type="checkbox"/> does not correspond to a study programme recognized by the State
3.7	The student <input type="checkbox"/> attends classes regularly <input type="checkbox"/> does not attend classes regularly If no, indicate the number of absence days, the reason and, if applicable, the date of drop-out or last day of attendance
3.8	The student <input type="checkbox"/> is preparing a dissertation or thesis <input type="checkbox"/> is not preparing a dissertation or thesis If so, when must he submit his/her dissertation? On
3.9	Indicate school holiday periods - Winter holidays from to - Spring holidays from to - Summer holidays from to

4.	School or institution of non-tertiary, tertiary or university education or visa from the body responsible for supervising vocational training	
4.1	Surname:	
4.2	Address	
4.3	Stamp	4.4 Date
		4.5 Signature

*are considered as hours of lessons:
 - hours of compulsory training courses, if completion of these is a condition for obtaining a legally regulated diploma, certificate or licence;
 - hours of compulsory practical exercises, under the supervision of teachers, in the educational institution;
 - (maximum) 4 hours of compulsory supervised study at the educational institution

5.	Apprentice - Work/study training - Vocational training - To be completed by the training centre
-----------	---

5.1 The person mentioned in box 1
 is attending a vocational training/apprenticeship/work-study training from to
 followed a vocational/apprenticeship/work-study training course from to

5.2 Title of training course

5.3 Number of hours of training
- Theoretical part hours per week hours per month
- Compulsory work placement on graduation
 hours per week hours per month

5.4 Training venue

5.5 Name of the person, company or institution responsible for vocational training (if different from box 4)
.....

5.6 Address (if different from box 4)

5.7 The training is is not recognized by the State
 corresponds to does not correspond to a study programme recognized by the State

5.8 Stamp

5.9 Date
.....

5.10 Signature
.....