



**CLAIM FORM FOR HOME TUITION PAYMENTS
TO BE PAID DIRECTLY BY AGREEMENT TO COMPANIES**

**The completed claim form should be submitted to:
Home Tuition Payments Section, Schools Division Financial, Department of Education and Skills, Cornamaddy,
Athlone, Co. Westmeath, N37 X 659**

Name of Company: _____

- Parents are advised that, **as an exceptional measure and for an agreed period only** payment for this service, once certified and approved will be made directly to this company on your behalf by the Department of Education and Skills.
- The completed claims forms will be submitted by the approved Company and the Parent/Legal Guardian must not make any payment to the Company for any tuition that may have been provided to your child. Any payments made by the Parent/Legal Guardian to this Company cannot be claimed from this Department and will not be refunded to the Parent/Legal Guardian by this Department.
- Precise hours and dates, where the student has been both in attendance and absent for each week of the relevant month must be confirmed by the Parent/Legal Guardian in order for payment to be processed.
- Only claim forms for tuition that has already taken place will be considered. Forms dated before the tuition was completed will not be processed.
- Payments will only be made in respect of tuition where the tutors, assistants and students have been preapproved and in line with terms the sanction letter.
- Only the original fully completed claim forms signed and dated by the Parent/Legal Guardian and the Tutor(s) which are certified by this Company/Organisation will be considered for payment.
- Claims for payment in respect of tuition given should be submitted at the end of each calendar month, but no later than the end of the following month.
- Claims should be submitted up to and including the last Friday of the month. Where the last working days fall in the beginning of the subsequent month they should be included with the claim for that month.
- Only original fully completed claim forms signed and dated by the Parent/Legal Guardian and the Tutor(s) which are certified by this Company will be considered for payment.
- Home Tuition is for educational purposes only. The provision of therapeutic services such as Speech and Language Therapy, Occupational Therapy, Psychological services etc are a matter for the Health Service Executive (HSE). Therefore **Home Tuition grants must not be used, under any circumstances, to fund health related supports.**
- All Tutors and Assistants must be registered with the Teaching Council for the duration of the tuition period in order to be eligible to provide tuition under the terms of this scheme. Where registration details cannot be verified, claims for payment for that Tutor and or class will not be paid. Subsequent payment for that Tutor/Assistant/ Class will be made subject to the updated registration details of the Tutor/ Assistant.
- Parents/Legal Guardians/Tutors/Assistants/Company Authorities are advised to familiarise themselves with the terms and conditions of the Home Tuition Grant Scheme which are outlined in the terms and conditions and the Sanction Letter issued by the Department.

Part 1: Confirmation by the approved Company of their staffing complement

Company Name (print only): _____

CLASS NAME/ NUMBER	NO. OF STUDENT'S IN EACH CLASS	TUTOR NAME & PPSN	ASSISTANT NAME & PPSN	ASSISTANT NAME & PPSN	ASSISTANT NAME & PPSN

Part 2: Certification by the Parent/Legal Guardian & Tutor

CLASS NAME/ NUMBER: _____

	Name	PPSN
Parent/Legal Guardian		
Student		
Tutor		

We confirm and certify that:

- a) The tuition was given to the above named student by _____, as outlined below.
 (Name of Company)

<i>When completing the table below please ensure payment is claimed up to and including the last Friday of the month</i>			
Start date for each week commencing Monday:	Total number of days for which Tuition was provided	Total number of hours Tuition provided	List any days absent in this week. (Mon/ Tues etc)
TOTALS			

- b) We understand that payment to this Tutor for this tuition is a matter for the approved Company who employed them and that the educational grant aid payable will be made directly to this Company on my behalf in respect of tuition provided to my child.
- c) A brief description of how tuition was delivered is provided below.

- d) The information we have given is true and correct.

SIGNED: _____
Parent/Legal Guardian

DATE: _____

SIGNED: _____
Tutor

DATE: _____

Part 3: Certification by the approved Registered Company

I _____, a director of the approved Registered Company _____ wish to apply for a direct payment of grant aid in respect of the approved tuition provided in a group setting by this company to the above named approved students.

I, on behalf of this company confirm that:

- a) The staffing complement for each of the approved groups was as recorded above for the month in question and that each member of the staffing complement has been pre-approved by the Department and was in full attendance for each day for which payment is being sought.
- b) This company is in full compliance with all employment, childcare and health & safety legislation for this State in all their facilities.
- c) All Tutors and Assistants employed by this company are registered with the Teaching Council of Ireland for the full duration of the tuition provided and written approval has been received from the Department of Education and Skills for these Tutors and Assistants to provide Tuition to the approved Students.
- d) This Company has not received or sought payment from any other source in relation to the provision of educational services to the students listed in part 2 of this claim form.
- e) This Company, as employers, will make all required statutory deductions and these will be forwarded to the appropriate authorities as required under current legislation.
- f) I understand that, in the event of any overpayment of this grant the full amount of the overpayment must be refunded to the Department and as public monies are involved the Department, where necessary, will recover the overpayment from the next grant payment or by legal means.
- g) In the event of failure by this Company to adhere to any of the terms and conditions of this scheme payment will not be issued by the Department.
- h) The information provided on this form is true and correct.

Signed: _____ **Date:** _____

Director

Contact details:

Contact Name: _____

Telephone Number: _____ Email Address

(Print only): _____

Data Protection Privacy Statement

The Department of Education and Skills, as far as practicable and having regard to the resources available, provides for education and training for people resident in the State at a level appropriate to meet the needs and abilities of those people. The main purpose for which the Department requires the personal data provided by you is to process the payment of this grant and the accounting and auditing of public monies. The personal data provided may be exchanged with the Office of the Revenue Commissioners and the Department of Employment Affairs and Social Protection. The privacy notice outlining further information in relation to this form can be found at <https://www.education.ie/en/The-Department/Data-Protection/gdpr/> . Full details of the Department's data protection policy setting out how we will use personal data as well as information regarding your rights as a data subject are available at <https://www.education.ie/en/The-Department/Data-Protection/>. Details of this policy and privacy notice are also available in hard copy from the address above upon request.