Riachtanais Speisialta agus Deontais Teagaisc Rannán na Scoileanna - Airgeadas, An Roinn Oideachais agus Scileanna Cor na Madadh Baile Átha Luain

Name of Company:

Co. na hIarmhí N37X659



Special Needs and Tuition Grants Schools Division – Financial, Department of Education and Skills Cornamaddy Athlone Co. Westmeath N37X 659

CLAIM FORM FOR HOME TUITION PAYMENTS TO BE PAID DIRECTLY BY AGREEMENT TO COMPANIES DURING THE 2017/ 2018 SCHOOL YEAR

Parents are advised that, as an exceptional measure and for an agreed period only that payment for this service, once certified and approved will be made directly to this company on behalf of you the parents/ guardians by the Department of Education and Skills.

- The completed claims forms will be submitted by the approved company and parents must not make any payment to the Company for any tuition provided by the company to your child. Any payments made by parents to this company cannot be claimed from this Department and will not be refunded to the parent by this Department.
- > Precise hours for each week of the relevant month must be confirmed by the parents/guardian in order for payment to be processed.
- Only claim forms for tuition that has already taken place will be considered. Pre-dated forms will not be processed.
 Only pre- approved students will be eligible for payment to this company.
 Claims for payment for children not pre- approved for this company will not be processed or paid.

Claims for payment for tuition provided by employees of the company (Tutors or Assistants) who are not pre-approved by this Department will not be paid.

- Claims for payment in respect of tuition given should be submitted at the end of each calendar month but not later than the 5th working day of the calendar month in which a claim is being made.
- > Only original fully completed claim forms signed and dated by parents/guardians and the teacher(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). <u>Therefore Home Tuition grants MUST not be used, under any</u> circumstances, to fund health related supports.

All tutors and Assistants must be registered with the Teaching Council for the duration of the scheme in order to be eligible to provide tuition under this scheme. Teachers and Assistants must grant permission to the Teaching Council of Ireland to allow their full qualification details to be made visible on line to this Department in order to verify their registration status. Where registration details cannot be verified, claims for payment for that tutor and or class will not be processed. Subsequent payment for that tutor/ assistant/ class will be made subject to the updated registration details of the tutor/ assistant.

All tutors and Assistants must have legal entitlement to reside and work in this State and verification must be held by the Company and available to this Department on demand. Persons availing of state assisted programmes such as First Step, the National Internship Scheme or the Jobplus programme as well as all non EU employees must be clearly identified and have specific pre approval prior to their commencement of employment with the company.

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	Part 1: Certi	fication by the P	arent/Guardian a	& Teacher
Nam	e of Parent / Guardian:		PPSN of pare	nt:
Nam	e of Student:		PPSN of Stud	ent:
Nam	e of Teacher:		PPSN of Tea	cher:
We c	confirm and certify that:			
	tuition was given to the abo	ove named student b	v the company	
	s outlined below.		, , ,	·
	Enter start date for each week below	Total number of days attended in this week	Total Hours carried out for week	List any days absent in this week. (Mon/ Tues/Wed etc)
	Monday / /20			1 4 6 7 7 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Monday / /20			
	Monday / /20			
	Monday / /20			
	TOTALS			
	We understand and confirm approved company who em directly to this company on months that the information was confirm that the information was confirmed to the confirmation was confirmed to the confirmation was confirmation was confirmation was confirmation.	ployed them and that ny behalf in respect of	the educational grar tuition provided to my	it aid payable will be made
vve c	omini that the information v	ve nave given is con	ect and true.	
Sign	Parent / Guardian	DATE:		
Signi	ED: Teacher	DATE:		

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			AGUS SCILEANNA A			
Part 2:	Co	onfirmation by th	e approved comp	any of their staffi	ing Complement.	
[,		A DI	RECTOR OF		A REGISTERED COMI	PANY IN THE S TATE
			RECTOR OFROVIDE TUITION IN A			
			H OF THE APPROVE			
			F THE STAFFING COM			THE DEPARTMENT
AND WAS	IN FULL A	TTENDANCE FOR EA	CHDAT FOR WHICH	TATMENT IS BEING	SOUGHT.	
CLASS	NAME		TEACHER'S	NAME & PPSN		
OR Number	CLASS	IN EACH CLASS	NAME & PPSN	OF ADULT		
Number	R			HELPER	HELPER	HELPER
SIGNED:			Вате	::	MONTH:	
		IPANY DIRECTOR				
CONTAC ⁻	T DETAIL:	S: TELEPHONE	:			
		EMAIL ADDR	ESS:		(PR	INT ONLY)

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Part 3: Certification by the approved Registered Company
I, a director of the 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:
- The information given on part 1 of this form and submitted on part 2 of this form is correct.
The tuition listed as provided to this student as outlined in part 1 of these forms is correct.
- This company has submitted a current valid tax clearance number and tax clearance access number issued by the Revenue Commissioners.
- This company is in full compliance with all employment, childcare and health & safety legislation for this State in all their facilities.
- All employees of this company have established legal entitlement to be resident in this State and have established legal entitlement to be in employment within this State in accordance with the Employment Permit Act of 2006. All documentation verifying these entitlements are held by this Company and are readily available to this Department.
- 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 this Department for these tutors and assistants to provide Tuition to the approved students.
-This company has not received or sought payment from any other source in relation to the provision of educational services to the student listed in part 1 & 2 of this claim form.
-This company, as employers of all tutors/ assistants, makes all required statutory deductions from all the employees of this company and these deductions are forwarded to the appropriate authorities as required under existing and current legislation.
-In the event of any overpayment of fees to this company, the amount of overpayment will be refunded by the company to the Department of Education & Skills within seven working days.
- In the event of any failure by this company to adhere to the terms and conditions for payment, no payment will be issued to or requested by this company from this Department.
I confirm and state that all the information that I have given is correct and true.
Signed : Date : Date :

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Totals Sheet:

COMPANY NAME:				
MONTH OF CLAIM:				
CLASS NAME / NUMBER	AMOUNT SOUGHT	AMOUNT PAID BY DES		
TOTAL CLAIMED				
SUPPLIER NUMBER:		 IO		
Processed :				
Claim date received : _				
Claim Checked and Ver	rified :	Date :		
Claim Calculation :		Date:		
Claim Inputted of FMS	:	Date :		
Claim Verified and app	oved :	Date:		