

Riachtanais Speisialta agus Deontais Teagaisc
Rannán na Scoileanna - Airgeadas,
An Roinn Oideachais agus Scileanna
Cor na Madadh
Baile Átha Luain
Co. na hIarmhí N37X 659



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

Consultancy Grant aid to Autism Schools 2017/18 school year (employee)

School Name : _____

Roll Number : _____ Email Address: _____

School contact name: _____

School contact number: _____

We, the undersigned, on behalf of the above named school, wish to claim for the payment of the supervisory grant aid in our school as outlined.

Name of Post Holder : _____ PPS number: _____

Period of Claim : September 2017 to December 2017: _____

: January 2018 to August 2018 : _____

Declaration:

We, the undersigned, in claiming this grant aid certify the following as being true and correct:

1. The post holder named above, as the employee of the school authority, has successfully completed the Garda vetting in full accordance with the terms of Circular letter 31/2016 and copies of both the Statutory Declaration and the original vetting certificate is available on demand to this Department.
2. The school authority as the employer, has made all statutory deductions from the gross salary of this post holder and has forwarded these deductions to the designated authorities in accordance with current and existing legislation.
3. The school authority, as the employer, has ensured that the terms and conditions of the approval for this grant aid as issued by the Department have been adhered to by both the above named employee and the Board in all instances.
4. The school authority is aware, that they must refund all grant aid issued by the Department within seven days, should they be requested to do so by the Department.

Signed : _____
School Principal

Signed : _____
Chairperson of the Board of Management

Date : _____

Date : _____