

Riachtanais Speisialta agus Deontais Teagaise
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 (non-employee)

School Name : _____

Roll Number : _____ **Email Address:** _____

School contact number: _____

We, the undersigned, on behalf of the above named Autism School, wish to seek the issue of a Consultancy grant for Autism schools for the period:

(a) Sept. 2017 to December 2017 : _____

(b) January 2018 to June / July 2018 : _____

Declaration:

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

1. The individual that has been engaged by the Board of this school under a contract for service has supplied to the Board a current tax clearance reference number and tax clearance access number issued by the Revenue Commissioners in Ireland.
2. The individual that has been engaged by the Board of this school under a contract for service has provided the Board with documentation which satisfies the Board of your school that the terms of Department Circular 31.2016 have been met by this individual.
3. The Board is aware that all payments due to this individual, as a result of service provided to the Board, is subject to PSWT deductions and that these deductions have been taken from this individual and paid to Revenue in accordance with current legislation.
4. The school Board is aware that they must refund all grant aid issued to the Board within seven days, should they be requested to by the Department of Education & Skills.

Signed : _____
School Principal

Signed : _____
Chairperson of the Board of Management

Date : _____

Date : _____