



## **IRISH SIGN LANGUAGE (ISL) PAYMENT OF AN EDUCATIONAL GRANT**

**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**

**Please ensure you have read both the notes below and the information provided on the original Application Form prior to completing this payment claim form.**

- Only original fully completed claim forms signed and dated by the Parent/Legal Guardian and the Tutor(s) will be accepted for payment.
- ISL Claim Forms should be submitted at the end of each and every calendar month in which tuition was provided.
- All sections of this form are to be completed using ball point pen and clear block capital letters.
- Corrective fluid such as Tippex etc. must not be used on this form.
- Only applications for payment in respect of tuition that has been provided and pre-approved will be processed. Parents/Legal Guardians must ensure that they have received their formal written notification of approval for ISL Tuition for the current school year **before allowing the tutor to commence tuition.**
- Only the Parent/Legal Guardian of the student who has been pre-approved to receive the ISL Tuition grant may seek payment of the educational grant.
- Tutors should note that financial details in respect of this scheme are forwarded annually to the Revenue Commissioners, as ISL Tuition payments, which are issued on a gross basis, are reckonable for taxation purposes. Tutors should contact their local Revenue office to advise them of this income that they receive from the Parent/Legal Guardian.
- The Department of Education & Skills issues the funding for the provision of the ISL Tuition to the Parent/Legal Guardian. This does not establish or confer any contractual relationship between the Tutor and the Department. The arrangements for the payment of the Tutor is a matter between the Parent/Legal Guardian and the Tutor.
- Payment for ISL Tuition is made directly to the Parent/Legal Guardian's bank account.
- The Department maintains details of one bank account only for each Parent/Legal Guardian. If the current bank details held by the Department are correct, there is no requirement to complete the Bank Details Form included at Appendix A. However, if the Parent/Legal Guardian has never received payment from the Department before or if the bank details need to be changed, please complete this Bank Details Form.

**IRISH SIGN LANGUAGE (ISL) PAYMENT OF AN EDUCATIONAL GRANT CLAIM FORM**

**SECTION 1: DETAILS OF THE STUDENT, TUTOR AND PARENT/LEGAL GUARDIAN**

These details must be the same as those on the  
Sanction Letter most recently sent to the Parent/Legal Guardian

**Student Details:**

Surname:	
First Name (s):	
Date of Birth:	
PPS Number:	

**Parent/Legal Guardian Details:**

Surname:	
First Name (s):	
PPS Number:	
Contact Telephone Number:	
Email Address:	

**Tutor Details:**

Surname:	
First Name (s):	
PPS Number:	
Are you being paid a Public Service Pension (Yes/No)	

**SECTION 2: MONTHLY RECORD OF ISL TUITION ACTUALLY PROVIDED**

Week Beginning Mon - DD/MM/YY	Total number of hours provided in the week.

**SECTION 3: DECLARATION BY BOTH PARENT/LEGAL GUARDIAN AND TUTOR**

We, the Parent/Legal Guardian and the approved Tutor of the above named Student, confirm:

- (Tick one box)*
- We are in full compliance with all the terms and conditions of the scheme.  Yes  No
  - All the information provided in this claim form is true and correct.  Yes  No
  - Tuition did not commence until the Tutor had sight of the Department's sanction letter outlining the terms and conditions of the scheme.  Yes  No

We 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.
- The Department's standard policy in cases where a false declaration has been made for the purposes of claiming resources from the Department, is that payment is withheld by the Department and the matter may be referred to An Garda Síochána and, if appropriate, the Teaching Council.

Signed: \_\_\_\_\_  
Parent/Legal Guardian

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Approved Tutor

Date: \_\_\_\_\_

**This Payment Claim Form must be signed and dated after the tuition has been provided.  
It is not permissible for the Parent/Legal Guardian to sign this form on behalf of the Tutor.  
It is not permissible for the approved Tutor to sign this form on behalf of the Parent/Legal Guardian.**

**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. 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.

**OFFICIAL USE ONLY**

Total Number of hours being paid	Period	Rate per hour €	Total €

Input by CO: \_\_\_\_\_ Date: \_\_\_\_\_

EO Approved: \_\_\_\_\_ Date: \_\_\_\_\_

**ISL PARENT/LEGAL GUARDIANS BANK DETAILS**

This form is only to be completed if the following circumstance(s) apply:

- 1. The Parent/Legal Guardian has never received a grant payment by the Department.
- 2. The Parent/Legal Guardian wishes to change the existing details held by the Department to another bank account

**Important: The Department will only operate one (1) bank account for each individual.**

Name of Parent/Legal Guardian: \_\_\_\_\_ (PRINT ONLY)

Parent/Legal Guardian PPSN: \_\_\_\_\_

**Bank Details**

Name on the bank Account: \_\_\_\_\_ (PRINT ONLY)

Name and address of the bank: \_\_\_\_\_

IBAN \_\_\_\_\_

BIC Number \_\_\_\_\_

**Declaration:**

- a) I declare that the bank details furnished in this form are true and correct.
- b) I undertake to immediately inform the Department of any change to this bank account.
- c) I am aware that by changing/updating or advising the Department of this bank account that all payments from all sources from the Department will be issued to this account.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_