



APPLICATION FOR FUNDING FOR TYPING TUITION

Typing Tuition is available to visually impaired pupils on the recommendation of the Visiting Teacher for the Visually Impaired.

The Department can sanction a maximum of 20 hours typing tuition to a school to help improve the typing skills of the pupil in question.

The scheme is operated through the school and the teacher must be suitably qualified to give this tuition. When the tuition is completed the teacher involved should submit a report on the pupil's progress to the Visiting Teacher.

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 determine eligibility for funding for Typing Tuition. The personal data provided may be exchanged with NCSE and Revenue Commissioners for the purposes of determining eligibility for the funding for Typing Tuition and in processing payments. Full details of the Department's data protection policy setting out how we will use the child's personal data as well as information regarding their rights as a data subject are available at <https://www.education.ie/en/The-Department/Data-Protection/gdpr/parents-children/ath-2-02-10-10-privacy-notice-approval-and-payment-of-typing-tuition-grant.pdf> Details of this policy are also available in hard copy from the address below upon request.

To be completed by School Principal/CEO of ETB:

Name of Child: _____

Date of Birth: _____

Child's PPSN: _____

Name of School/ETB: _____

Address of School/ETB: _____

_____ Eircode: _____

School Roll Number: _____

To be completed by Visiting Teacher for the Visually Impaired:

Name of Visiting Teacher: _____

Telephone Number: _____

E-Mail Address: _____

Contact by Email Only: Yes No

I confirm that _____ is visually impaired: Yes No
(insert name of child)

I recommend Typing Tuition for _____: Yes No
(insert name of child)

Number of hours recommended: _____

School year in which tuition is to take place (e.g. 2019/20): _____

Name of Visiting Teacher: _____

Signature of Visiting Teacher: _____

Date: _____

Declaration by School/CEO of ETB:

I confirm that all personal information in this application is provided with the full knowledge and permission of the parent/legal guardian for the purposes of applying for funding for typing tuition for the child named.

Signature of Principal/CEO of ETB: _____

Date: _____

School Stamp:

Note

Completed Application Forms should be returned to:
Typing Tuition - Special Education Section, Department of Education and Skills, Cornamaddy, Athlone,
Co. Westmeath, N37 X659