

DEPARTMENT OF EDUCATION AND SKILLS

FOREIGN LANGUAGE ASSISTANT SCHEME 2018/2019

APPLICATION BY SCHOOLS/ETB's TO RECOUP PAYMENTS
TO ASSISTANT OF LIVING ALLOWANCE FOR PERIOD OCTOBER, NOVEMBER
AND DECEMBER 2018

**IF THIS CLAIM IS NOT RECEIVED IN THIS SECTION BY CLOSE OF BUSINESS ON
20/11/2018
THE CLAIM WILL NOT BE PAID UNTIL MARCH 2019**

School Name: _____ School Roll No: _____

School Address: _____

ETB (if appropriate) _____

Details of Assistant

USE A SEPARATE FORM FOR EACH ASSISTANT ASSIGNED TO YOUR SCHOOL/ETB

Name of Assistant: (Block Capitals ONLY) _____

Nationality: _____

Period of living Allowance @ €918 per month from: _____ to _____

Expenses for attending Induction Course: _____

Total amount being claimed: _____

This is to certify that the above named person was in full time attendance each week during the above period and received the full and correct living allowance AND approved conference expenses (if applicable)

In the case of an ETB school, this form must be signed by both the School Principal and the C.E. of the ETB.

Signed: _____ Date: _____ Signed: _____ Date: _____
School Principal. C.E. of ETB-. (If ETB school)

Claim to be returned by email to:- teachersna_fl@education.gov.ie

Eileen Boyce, Teacher/SNA Terms and Conditions,
Department of Education and Skills, Cornamaddy, Athlone, Co Westmeath N37 X659
Phone: 090 64 83826

Official Use Only: FMS No. _____ Amount Approved: _____

Approved by: _____ Date: _____ December 2018

Secondary Approved by: _____ Date: _____ December 2018