



HOME TUITION MATERNITY RELATED ABSENCE GRANT SCHEME PAYMENT CLAIM FORM

**IT IS IMPORTANT THAT TUTORS AND PARENTS/LEGAL GUARDIANS READ THE
INFORMATION NOTE AVAILABLE AT THE LINK BELOW
BEFORE
COMPLETING THIS CLAIM FORM.**

<http://www.education.ie/en/Parents/Services/Home-Tuition/Payments.html>

INSTRUCTIONS FOR COMPLETION AND RETURN OF PAYMENT CLAIM FORM

**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 THE FORM

A PAYMENT CLAIM FORM MUST BE COMPLETED IN RESPECT OF EACH TUTOR

**A payment claim form must be completed and signed by both the Parent /Legal Guardian
and the Tutor at the end of each and every calendar month in which tuition was provided
and submitted to the:**

**Home Tuition Payments Section, Schools Division Financial,
Department of Education and Skills,
Cornamaddy, Athlone, Co. Westmeath, N37 X 659.**

HOME TUITION MATERNITY RELATED ABSENCE GRANT SCHEME PAYMENT 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

REFERENCE NO. : HT _____ (As listed on your most recent Sanction Letter)

No of Tutors providing Tuition to student

*A payment claim form must be completed in respect of each tutor.

Student Details:

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

Parent/Legal Guardian Details:

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

Tutor Details:

Surname:	
First Names (s):	
PPS Number:	
Contact Telephone Number:	
Email Address:	
Are you being paid a Public Service Pension (Yes/No)	

SECTION 2: TIMETABLED RECORD OF HOME TUITION ACTUALLY PROVIDED

Student's Name: _____ HT Ref: _____

Name of Approved Tutor: _____ Tutor's PPSN: _____

Week No.	Week-beginning	Monday	Tuesday	Wednesday	Thursday	Friday	Total number of hours worked per week
	(Monday)	No. of hours worked	No. of hours worked	No. of hours worked	No. of hours worked	No. of hours worked	
1	3 rd Sept. 2018						
2	10 th Sept. 2018						
3	17 th Sept. 2018						
4	24 th Sept. 2018						
5	1 st Oct 2018						
6	8 th Oct 2018						
7	15 th Oct 2018						
8	22 nd Oct 2018						
9	29 th Oct 2018	BANK HOLIDAY					
10	5 th Nov 2018						
11	12 th Nov 2018						
12	19 th Nov 2018						
13	26 th Nov 2018						
14	3 rd Dec 2018						
15	10 th Dec 2018						
16	17 th Dec 2018						
17	24 th Dec 2018		CHRISTMAS	CHRISTMAS			
18	31 st Dec 2018		NEW YEARS DAY				
19	7 th Jan 2019						
20	14 th Jan 2019						
21	21 nd Jan 2019						
22	28 th Jan 2019						
23	4 th Feb 2019						

24	11 th Feb 2019						
25	18 th Feb 2019						
26	25 th Feb 2019						
27	4 th Mar 2019						
28	11 th Mar 2019						
29	18 th Mar 2019	BANK HOLIDAY					
30	25 th Mar 2019						
31	1 st Apr 2019						
32	8 th Apr 2019						
33	15 th Apr 2019					GOOD FRIDAY	
34	22 nd Apr 2019	EASTER MONDAY					
35	29 th Apr 2019						
36	6 th May 2019	BANK HOLIDAY					
37	13 th May 2019						
38	20 th May 2019						
39	27 th May 2019						
40	3 rd Jun 2019	BANK HOLIDAY					
41	10 th Jun 2019						
42	17 th Jun 2019						
43	24 th Jun 2019						
44	1 st Jul 2019						
45	8 th Jul 2019						
46	15 th Jul 2019						
47	22 nd Jul 2019						
48	29 th Jul 2019						
49	5 th Aug 2019	BANK HOLIDAY					
50	12 th Aug 2019						
51	19 th Aug 2019						
52	26 th Aug 2019						

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 that:

- (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 Departments Sanction letter outlining the terms and conditions of the scheme. Yes No

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

Signed: _____
Approved Tutor

Date: _____

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 and the Department of Employment Affairs and Social Protection. 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.