



Application Form for Additional School Accommodation for PRIMARY SCHOOLS

Form ASA

*(This form must only be completed in respect of urgently
required additional school accommodation)*

1. BASIC SCHOOL DETAILS

1.1

School Name:			
Address:			
County:		Eircode:	
School Roll No 	School Telephone No 	School e-mail address 	
Principal's Name			

1.2 Please give details of contact person

Name			
Role in school			
Phone number			

**Portlaoise Road, Tullamore, Co. Offaly
Telephone 057 9324300**

Application for grant aid towards additional school accommodation
Schools Capital Appraisal Section, Planning & Building Unit, Department of Education and Skills

2. APPLICATION DETAILS

2.1 Give details of accommodation for which grant-aid is being sought
(e.g. prefabricated structure, existing premises, new build etc)

2.2 Date from which accommodation is required

DD	/	MM	/	YYYY
	/		/	

2.3 Indicate why additional accommodation is required
(e.g. new appointment, replacement etc)

Site Details

2.4

Please submit a Site Map with boundary outlined in red.	
Who owns the site?	
Size of site (approx.)	_____ Hectares or _____ Acres
If a new build or prefabricated structure is considered the appropriate solution is there sufficient space on site, if sanctioned?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Status of School Provision

2.5

Recognition:	Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Has an application for a building project been submitted to the Department?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the school on either the 5 Year or 6 Year Building Programme?	5 Yr <input type="checkbox"/> 6 Yr <input type="checkbox"/> Neither <input type="checkbox"/>
If a building project is ongoing please state estimated completion date?	DD / MM / YYYY /

3. ENROLMENT DETAILS

3.1

Current enrolment as at 30 September 20__ <i>(as per October returns)</i>	
Projected enrolment for September 20__	
Projected enrolment for September 20__	

4. TEACHING STAFF :

4.1

Category of teacher for which accommodation is required (e.g. Mainstream / S.E.T. etc.)		
Date of proposed appointment of additional teacher:		DD / MM / YYYY / /
Number of teachers at date of application Principal +		Mainstream Class Teachers
		Developing Posts
		Special Class Teachers
Is the Principal a teaching principal?		Yes <input type="checkbox"/> No <input type="checkbox"/>

4.2 Give details of the following specialist teachers currently serving in your school:

Type	No. of Teachers	Full Time / Shared	Number of Hours	Indicate Roll Number of school this post is shared with <i>[This is mandatory]</i>
General Allocation Model (formerly LS)				
Resource				
Language Support				
Home/School Community Liaison				
Support Project				
Other (give details)				
Other (give details)				

5. SCHOOL ACCOMMODATION DETAILS

5.1 Please give details of existing accommodation and current use
(attach an additional sheet if necessary):

M ²	Actual size m ²	Number of permanent classrooms	Current use of each room as applicable			
<40						
≥40<50						
≥50						
	Actual size m ²	No. of prefabricated / portacabin classrooms	Current use of each	Monthly rent (if applic)	Name of landlord/ supplier	
<40						
≥40<50						
≥50						

5.2 Other accommodation *not included above*.
Please **enter m²** (If rented please give details):

Principal's office	General Office	Staff Room	Multi-purpose room	GP Room	Library	Other (Please specify)

Please complete Appendix B with corresponding Floor Plans.

This form is available on the Department's website

5.3 Does the school currently have a universal access toilet?

Yes No

5.4 If the school uses any other premises please give details:
(e.g. Community Centre, Sports Facilities etc)

M ²	Details	Current use of each	Monthly rent (if applicable)

5.5 Is there a pre-school or other user operating from the school premises or located on the school site? Yes No

If yes, please give details including arrangements between school and pre-school/other operator.

M ²	Permanent or prefab	Current Use	Previous use of area	Monthly rent received (if applicable)

Please submit a Site Map with boundary outlined in red

6. Additional Information

Any additional supporting documentation must be securely attached to the back of the application form and listed below. This page can also be used for any other information relevant to the application.

Attachments Enclosed

Site Map

Enrolment Policy

[Appendix B with corresponding Floor Plans \(form available in website\)](#)

Other Relevant Information

Please note:

- Information provided is subject to the Freedom of Information Act 2014
- A copy of the enrolment policy of your school must be included with this application (see section 15 (2)(d) of the 1998 Education Act).

DECLARATION AND CERTIFICATION

We hereby apply for grant-aid towards the additional school accommodation as described in Section 2: Application Details, on behalf of _____ National School, _____ in the County of _____, Roll Number _____.

We are aware of and agreeable to the condition that if this application is successful and results in the provision of capital funding; that this funding must be secured legally.

In accordance with Section 15 of the Education Act 1998, we certify that this Board of Management has consulted with the Patron/Trustees. We confirm that:-

- (i) the application has the approval of the Patron/Trustees
- (ii) the application has the support of the Board of Management
- (iii) the proposed project is to be carried out within the confines of the vested school area
- (iv) we adhere to the provisions of the Constitution of Boards and Rules of Procedure 2011 and specifically Section 19

We certify that all of the information given in this application is true and complete to the best of our knowledge and any material change in circumstances will be **notified immediately** to the School's Capital Appraisal Section of the Department of Education and Skills.

We understand and declare that this application is made subject to contract and does not constitute, form part of or give rise to an agreement or contract with the Minister for Education and Skills.

Chairperson's Name: _____ (block letters)

Signed: _____ **Date:** ____/____/20____

Principal's Name: _____ (block letters)

Signed: _____ **Date:** ____/____/20____

In the case of schools under Catholic Patronage specific Patron agreement is required

Patron's Name: _____ (block letters)

Signed: _____ **Date:** ____/____/20____