



REASONABLE ACCOMMODATION FUND FOR THE EMPLOYMENT OF PEOPLE WITH A DISABILITY

Section 2 - Grant Application Job Interview Interpreter Grant Scheme

Application details

Name of Interpreter: _____ PPS No: _____

Address: _____

Communication needs: Sign Interpreter Lip-speaker
Other Specify _____

Date(s) of interview/induction: ____/____/____ to ____/____/____

Verification of Job Interview/Induction:

Company name: _____

Address: _____

Signed: _____ Date: ____/____/____

Name & position in company: _____

Company/Employer Stamp

Interpreter costs:

Total fee: € _____ Total Travel Costs: € _____

Details of travel: From: _____ To: _____

Mode of transport: _____

Current Tax Clearance Cert (TCC) No (please attach a copy) or electronic Tax Clearance Access No (TCAN): _____

Signed: _____ Date: ____/____/____

Interpreter

Interpreter Stamp

To receive payment, please attach a completed original EFT Bank Mandate (unless you have previously supplied one) and an invoice. The details on both (VAT No, address, etc.) should match.

FOR DSP USE ONLY

Approved by:
Case Officer: _____ Date: ____/____/____

Approved for Payment by:
Assistant Principal: _____ Date: ____/____/____

Authorised for Payment by:
Accounts Payable: _____ Grade: _____ Date: ____/____/____

Note: Completed form should be forwarded to your local DSP INTREO Centre.

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement.