



**REASONABLE ACCOMMODATION FUND
FOR THE EMPLOYMENT OF PEOPLE WITH A DISABILITY**

**Section 2 - Grant Application
Personal Reader Grant Scheme**

Application Details

Name of Reader: _____

Address: _____

PPS No: _____

Telephone: _____

Email: _____

Signature: _____ **Date:** _____

Please explain why a Personal Reader Grant is required:

Applicant's Signature: _____ **Date:** ____/____/____

Note:

A completed **Personal Reader Grant CLAIM FORM** must accompany all monthly claims for Personal Reader Grant payment. This form can be downloaded from the DSP website or requested from your local Intreo Centre or Case Officer.

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.