

IRISH SIGN LANGUAGE TUITION GRANT SCHEME PAYMENT CLAIM FORM – 2023/2024

TUTORS AND PARENTS/LEGAL GUARDIANS MUST READ THE <u>PAYMENT INFORMATION NOTICE</u> AVAILABLE ON THE IRISH SIGN LANGUAGE TUITION PAGE OF <u>WWW.GOV.IE</u> **BEFORE** COMPLETING THIS FORM

INSTRUCTIONS FOR COMPLETION AND RETURN OF THE CLAIM FORM

Please submit the full four-page form with all sections completed from PART A to PART C.

Please do **not** complete in respect of months/hours already claimed.

Incorrectly completed/incompletely printed forms will be returned for amendment to the **parent/legal guardian** that signed the original application seeking Irish Sign Language (ISL) tuition hours.

- Please use black or blue ball point pen and clear BLOCK CAPITAL letters.
- Corrective fluid such as Tippex must not be used.
- The claim form should be completed at the end of **the calendar month** in which completed tuition was provided. Post-dated tuition hours will **not be paid.**
- Under no circumstances are hours to be claimed for administration or preparatory work.
 Payable hours are only those dedicated to providing ISL tuition in the family home.

The correctly completed claim form, signed by both the parent/legal guardian that signed the **original application seeking ISL tuition hours** and the tutor, should be posted to:

Special Needs and Tuition Grants Section, Schools Division Financial, Department of Education, Cornamaddy, Athlone, Co. Westmeath, N37 X 659

PART A: CLAIM DETAILS FOR COMPLETED ISL TUITION HOURS

The following details <u>MUST</u> be the same as those on **most recent sanction letter** to the parent/legal quardian that signed the original application seeking ISL tuition hours.

J							
	No. of tutors providing tuition:						
2. Student Details:							
Name:	P.P.S.N.:						
3. Parent/Legal Guardian Details (the person that signed the original application seeking ISL tuition hours):							
Name:	P.P.S.N.:						
Email address: _	Tel. no.:						
4. Approved tutor deta	ils (a separate form must be used for each tutor):						
Name:	P.P.S.N.:						
Email address: _	Tel. no.:						

PART B: HOURS OF **IRISH SIGN LANGUAGE TUITION** COMPLETED WITH STUDENT

NOTE: THIS FORM CAN ONLY BE USED TO CLAIM FOR **ISL TUITION**. IF USED FOR ANY OTHER CLAIM, **IT WILL BE RETURNED UNPROCESSED.**

VA/1-	Claim.	Maral.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.	14/ I-I-
Wk No.	Claim Month	Week commencing	No. of hours			No. of hours		No. of hours	No. of hours	Weekly total
			completed	completed	completed	completed	completed	completed	completed	
1	Sept.	28/08/2023	28	29	30	31	01/09	02	03	
2		04/09/2023	04	05	06	07	08	0 9	10	
3		11/09/2023	11	12	13	14	15	16	17	
4		18/09/2023	18	19	20	21	22	23	24	
5		25/09/2023	25	26	27	28	29	30	01/10	
6		02/10/2023	02	03	04	05	06	07	08	
7		09/10/2023	09	10	11	12	13	14	15	
8	Oct.	16/10/2023	16	17	18	19	20	21	22	
9		23/10/2023	23	24	25	26	27	28	29	
10		30/10/2023	30	31	01/11	02	03	04	05	
11		06/11/2023	06	07	08	09	10	11	12	
12	Nov.	13/11/2023	13	14	15	16	17	18	19	
13		20/11/2023	20	21	22	23	24	25	26	
14		27/11/2023	27	28	29	30	01/12	02	03	
15		04/12/2023	04	05	06	07	08	09	10	
16	Das	11/12/2023	11	12	13	14	15	16	17	
17	Dec.	18/12/2023	18	19	20	21	22	23	24	
18		25/12/2023	25	26	27	28	29	30	31	
19		01/01/2024	01/01	02	03	04	05	06	07	
20	Jan.	08/01/2024	08	09	10	11	12	13	14	
21		15/01/2024	15	16	17	18	19	20	21	
22		22/01/2024	22	23	24	25	26	27	28	
23		29/01/2024	29	30	31	01/02	02	03	04	
24	Feb.	05/02/2024	05	06	07	08	09	10	11	

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Wk	Claim	Week	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.	Weekly
No.	Month	commencing	No. of hours completed	total						
25	Feb.	12/02/2024	12	13	14	15	16	17	18	
26		19/02/2024	19	20	21	22	23	24	25	
27		26/02/2024	26	27	28	29	01/3	02	03	
28		04/03/2024	04	05	06	07	08	09	10	
29		11/03/2024	11	12	13	14	15	16	17	
30	Mar.	18/03/2024	18	19	20	21	22	23	24	
31		25/03/2024	25	26	27	28	29	30	31	
32		01/04/2024	01/4	02	03	04	05	06	07	
33		08/04/2024	08	09	10	11	12	13	14	
34	Apr.	15/04/2024	15	16	17	18	19	20	21	
35		22/04/2024	22	23	24	25	26	27	28	
36		29/04/2024	29	30	01/5	02	03	04	05	
37		06/05/2024	06	07	08	09	10	11	12	
38	NA -	13/05/2024	13	14	15	16	17	18	19	
39	May	20/05/2024	20	21	22	23	24	25	26	
40		27/05/2024	27	28	29	30	31	01/6	02	
41		03/06/2024	03	04	05	06	07	08	09	
42	lum	10/06/2024	10	11	12	13	14	15	16	
43	Jun.	17/06/2024	17	18	19	20	21	22	23	
44		24/06/2024	24	25	26	27	28	29	30	
45		01/07/2024	01/7	02	03	04	05	06	07	
46	Jul.	08/07/2024	08	09	10	11	12	13	14	
47		15/07/2024	15	16	17	18	19	20	21	
48		22/07/2024	22	23	24	25	26	27	28	
49		29/07/2024	29	30	31	01/8	02	03	04	
50		05/08/2024	05	06	07	08	09	10	11	
51	Aug.	12/08/2024	12	13	14	15	16	17	18	
52		19/08/2024	19	20	21	22	23	24	25	

PART C: DECLARATION BY BOTH PARENT/LEGAL GUARDIAN AND ISL TUTOR

IMPORTANT NOTES

- Original, handwritten signatures are essential.
- It is **not permissible** for the parent/legal guardian to sign this form on behalf of the tutor.
- It is **not permissible** for the tutor to sign this form on behalf of the parent/legal guardian.
- Incorrectly completed forms will be returned to the parent/legal guardian only.
- Please consult the <u>Payment Information Notice</u> when queries arise concerning submission deadlines, payment dates and payment processes.

NOTE: The Department is **not the ISL tutor's** employer. It acts solely as a **payroll agent** on behalf of parents/legal guardians. Tutors are classed as **self-employed** and are responsible for their own record keeping. The Department is not in a position to confirm the details on forms once they are received. Records of all relevant details should be maintained by the tutor in cooperation with the parent/legal guardian.

The Department of Education's policy in cases where a false declaration has been made for the purposes of claiming funds from the Department, is that payment is withheld or recouped. Where necessary, matters relating to a false declaration for the purpose of receiving payment under the home tuition scheme may be referred to either/both An Garda Síochána and The Teaching Council.

In signing the declaration hereunder, we, the parent/legal guardian (i.e. the person that signed the original application seeking ISL tuition hours) and the approved tutor, confirm that the following statements are accurate and truthful:

- 1. I have read and understand the terms and conditions of the scheme;
- 2. I am in full compliance with all of the terms and conditions of the scheme;
- 3. All of the information I have provided in this claim form is true and correct;
- 4. Tuition did not commence until the tutor reviewed the Department's sanction letter and confirmed the hours granted per week, duration period of the sanction and the terms and conditions of the scheme.

Signed:	Signed:
Parent/Legal Guardian (Must be the person that signed the original application seeking ISL tuition hours)	Approved Irish Sign Language Tutor
Date:	Date:

N.B.: Only approved ISL tuition hours completed **on or before the latest above** date will be paid.

Data Protection Privacy Statement

The Department of Education, as far as is 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 Social Protection. The privacy notice outlining further information in relation to this form can be found at https://www.gov.ie/en/collection/general-data-protection-regulation-gdpr-privacy-notices/#parents-and-children-including-pre-school-primary-and-post-primary-students. 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.gov.ie/en/collection/general-data-protection-regulation-gdpr-privacy-notices/. Details of this policy and privacy notice are also available in hard copy from the address above upon request.