



CLAIM FORM FOR HOME TUITION PAYMENTS TO BE PAID BY AGREEMENT DIRECTLY TO GROUP PROVIDERS 2023/24

When completed fully and correctly, this claim form must be submitted **by post only** to the following section:

**Special Needs and Tuition Grants, Schools Division Financial, Department of Education,
Cornamaddy, Athlone, Co. Westmeath, N37 X659**

1. Parents/legal guardians are advised that, as an exceptional measure and for an agreed period only, payment for this service, once certified and approved, will be made directly to this group provider on your behalf by the Department of Education (hereafter 'the Department').
2. The completed claim form will be submitted by the approved group provider. The parent/legal guardian must not make any payment to the group provider for any tuition that may have been provided to the student concerned. Payments made by the parent/legal guardian to this group provider cannot be claimed from the Department and will not be refunded to the parent/legal guardian by the Department.
3. Precise hours and dates that denote when the student was either in attendance or absent during each week for the relevant month must be confirmed by the parent/legal guardian in order for the payment to be processed. Where an absence is planned and recurring, e.g. a student taking each Friday off to attend other services, this should be clearly stated in the Part 2 for that student.
4. Only forms claiming for tuition that has already taken place will be considered. Forms dated before the tuition has taken place will be returned unprocessed to the group provider.
5. Payments will only be made in respect of tuition where the tutors, assistants and students have been pre-approved and the claim made is in line with the terms of the sanction letter(s).
6. Only an original, fully and correctly completed claim form will be accepted for payment. All signatures, those of the parent/legal guardian(s), tutor(s) and of the group provider director, must be handwritten.
7. Claims for payment in respect of tuition already provided should be submitted at the end of each calendar month and no later than the end of the following month. The timeframe for the completed processing of **correctly completed** claim forms is four to five weeks from the date of receipt.
8. Submitted claims should include all days of tuition for the relevant month up to and including the last Friday of the month. Please ensure that the **published payment schedule** is consulted to confirm the details for each monthly payment. With the exception of weeks that contain a bank holiday, all tuition weeks must observe a five-day timetable. In **all weeks**, the maximum daily tuition limit per student is four hours.
9. Home tuition is for educational purposes only. The provision of therapeutic services, e.g. speech and language therapy, occupational therapy, psychological therapy, etc. is a matter for the Health Service Executive. The Department's home tuition grants **must not, under any circumstances**, be used to fund such health related supports.
10. **All** tutors and assistants must be registered with The Teaching Council for the duration of the tuition period in order to be eligible to provide tuition under the terms of the scheme. Where registration details cannot be verified, payment to that tutor or assistant and for that class will not issue. Any subsequent payment to that tutor or assistant and for that class will issue only once the relevant Teaching Council registration details have been updated/renewed and then confirmed by the Department.
11. Parents/legal guardians, group provider staff, tutors and assistants are all advised to familiarise themselves with the terms and conditions of the home tuition grant scheme. These are outlined in the Department's *Circular 0024/2023* and summarised in the sanction letter(s) issued by the Department.

PART 1: CONFIRMATION BY THE GROUP PROVIDER OF THEIR STAFFING COMPLEMENT

GROUP PROVIDER NAME (BLOCK CAPITALS): _____

NOTE: The permitted ratios for students to tutors/assistants are outlined hereunder. No reductions or additions are allowed. For recording more than 6 classes, please copy this page.

6 STUDENTS (maximum)	1 TUTOR AND 3 ASSISTANTS
5 STUDENTS	1 TUTOR AND 2 ASSISTANTS
4 STUDENTS	
3 STUDENTS (minimum)	

CLASS NAME/NO:	_____	NO. OF PUPILS:	_____
NAMES	TUTOR	ASSISTANTS	
	_____	_____	_____
P.P.S. NO.			
CLASS NAME/NO:	_____	NO. OF PUPILS:	_____
NAMES	TUTOR	ASSISTANTS	
	_____	_____	_____
P.P.S. NO.			
CLASS NAME/NO:	_____	NO. OF PUPILS:	_____
NAMES	TUTOR	ASSISTANTS	
	_____	_____	_____
P.P.S. NO.			
CLASS NAME/NO:	_____	NO. OF PUPILS:	_____
NAMES	TUTOR	ASSISTANTS	
	_____	_____	_____
P.P.S. NO.			
CLASS NAME/NO:	_____	NO. OF PUPILS:	_____
NAMES	TUTOR	ASSISTANTS	
	_____	_____	_____
P.P.S. NO.			

PART 2: CERTIFICATION BY THE PARENT/LEGAL GUARDIAN AND TUTOR

CLASS NAME/NUMBER: _____

	NAME	P.P.S.N.												
PARENT/LEGAL GUARDIAN:														
STUDENT:														
TUTOR:														

We confirm and certify that:

a) Tuition was provided to the above-named student as set out in the table below by:

GROUP PROVIDER NAME: _____

When completing the table below, please ensure that payment is claimed up to and including the **last Friday of the month.**

Start date for each week commencing Monday	Total number of days for which tuition was provided	Total number of tuition hours provided	List of days absent, if any (e.g. Mon., Tue.) Regular, planned absences must be declared as e.g. 'Mon (reg.)' '½ day abs (reg.)', etc.
Totals:			

- b) We understand that payment to this tutor for tuition is a matter for the approved group provider that employed them and that the educational grant aid payable in respect of tuition provided to the student will be made directly to this group provider on behalf of the parent/legal guardian.
- c) The information we have given is true and correct.

Signed: _____
(Parent/Legal Guardian)

Date: _____

Signed: _____
(Tutor)

Date: _____

PART 3: CERTIFICATION BY THE APPROVED REGISTERED COMPANY (GROUP PROVIDER)

I, _____, a director of the approved registered company _____, wish to apply for a direct payment of grant aid in respect of the approved tuition provided in a group setting by this company to the above-named approved students.

I, on behalf of the company confirm that:

- a) The staffing complement for each of the approved groups was as recorded above for the month in question. Each member of staff has been pre-approved by the Department of Education and was in full attendance on each day for which payment is being sought.
- b) This company is in full compliance with all state employment, childcare and health and safety legislation in all their facilities.
- c) All tutors and assistants employed by this company are registered with The Teaching Council of Ireland for the full duration of the tuition provided. Written approval has been received from the Department for these tutors and assistants to provide tuition to the approved students.
- d) This company has not received or sought payment from any other source in relation to the provision of educational services to the students listed in Part 2 of this claim form.
- e) This company, as the employer, will make all of the statutory deductions in relation to staff pay and these will be forwarded to the appropriate authorities as required under current legislation.
- f) I understand that, in the event of an overpayment of this grant, the full amount of the overpayment must be refunded to the Department and, as public monies are involved, the Department, where necessary, will recover the overpayment from the next grant payment or by legal means
- g) In the event of failure by this company to adhere to any of the terms and conditions of this scheme, payment will not be issued by the Department.
- h) The information provided on this form is true and correct.

Signed: _____
(Director)

Date: _____

Contact Details (the details of the contact person that deals with queries on claims):

Name: _____

Tel. No.: _____

Email address (print only): _____

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-notice/#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-notice/>. Details of this policy and privacy notice are also available in hard copy from the address above upon request.