



## General Claim Form for the payment Of Grant Aid

The completed claim form should be submitted to:  
Special Needs and Tuition Grants (SNTG), Schools Division Financial, Department of Education,  
Cornamaddy, Athlone, Co. Westmeath, N37 X 659

### SECTION 1: APPLICANT DETAILS

Name: \_\_\_\_\_ PPSN: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact telephone number: \_\_\_\_\_

### BANK ACCOUNT DETAILS

Name & Address of Bank: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Bank (BIC) Code: \_\_\_\_\_

IBAN code: \_\_\_\_\_

### DETAILS OF GRANT AID SOUGHT

\_\_\_\_\_

\_\_\_\_\_

Please attach a copy of the Approval/Sanction/Notification Letter/ Service Level Agreement issued by this Department in respect of this grant aid.

**Receipt Requirements:** Where the grant aid sought is by way of a refund of fees already paid please attach the receipt/payslip.

## SECTION 2: DECLARATION BY RECIPIENT

In applying for this payment or refund I confirm:

1. That the grant aid being sought is in full accordance with the terms and conditions as outlined in the attached Approval/Sanction/Notification Letter/ Service Level Agreement issued by/with the Department of Education in respect of this grant aid.
2. That the service for which this grant aid is being issued has been delivered in full or is scheduled to be delivered in full within the time frame and conditions of the Approval/Sanction/Notification Letter/Service Level Agreement issued by the Department of Education.
3. I understand that this grant aid cannot be used for any purpose other than what it is intended.
4. I understand that, in the event of any 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.

Print Name: \_\_\_\_\_

Role: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Role: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Where the recipient is:

1. A registered company, two signatures are required and both must be a director of the company.
2. A recognised school or centre of education, two signatures are required. One must be the chairperson of the Board of Management and the other must be the Principal of the school.
3. Receiving the funding directly, the applicant must complete the claim form in their own name and include their own PPS number.

### Data Protection Privacy Statement

*The Department of Education, as far as 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. The privacy notice outlining further information in relation to this form can be found at <https://www.gov.ie/en/organisation-information/data-protection/>. 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/organisation-information/data-protection/>. Details of this policy and privacy notice are also available in hard copy from the address above upon request.*