



**CLAIM FOR GRANT AID IN RESPECT OF TUITION PROVIDED IN VOCATIONAL TRAINING CENTRES 2024-25**

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 X659**

**SECTION 1: APPLICANT DETAILS**

Name of Centre: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

Number of full-time trainees:	
Number of part-time trainees:	
Number of weeks work now being claimed:	
Total number of hours currently being claimed:	
Period for which this claim is being made:	

**SECTION 2: DETAILS OF THE EMPLOYEES WHO PROVIDED THE LITERACY AND NUMERACY SUPPORT**

Name	P.P.S.N.										Number of hours worked each week	Total number of hours worked in this claim period.

**SECTION 3: DECLARATION BY AUTHORISED SIGNATORY**

We the undersigned certify that:

1. This centre operates in full accordance with the existing service level agreement and the sanction issued by the Department to this company.
2. All of the above employees have successfully completed the An Garda Síochána vetting process and a valid current vetting clearance certificate is available for each employee.
3. All trainees have been in full-time attendance at this centre for the period now being claimed.
4. All the information on this form is true and correct.

We understand that, in the event of any overpayment of this grant:

1. The full amount of the overpayment must be refunded to the Department of Education.
2. As public monies are involved, the Department of Education. will recover the overpayment from the next grant payment or, where necessary, by legal means.

**Signatory 1:**

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

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Authorised Signatory**

**Signatory 2:**

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

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Authorised Signatory**

**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.*