

Riachtanais Speisialta agus Deontais Teagaise  
Rannán na Scoileanna - Airgeadas,  
An Roinn Oideachais agus Scileanna  
Cor na Madadh  
Baile Átha Luain  
Co. na hIarmhí N37X659



Special Needs and Tuition Grants  
Schools Division – Financial,  
Department of Education and Skills  
Cornamaddy  
Athlone  
Co. Westmeath N37X 659

## General Claim form for the payment Of Grant Aid in 2017

Name of Applicant : \_\_\_\_\_ PPSN of Applicant: \_\_\_\_\_

Address of Applicant : \_\_\_\_\_

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

Contact telephone number: \_\_\_\_\_

**Bank Details :**

Name of Bank : \_\_\_\_\_

Address of Bank : \_\_\_\_\_

Name of Account : \_\_\_\_\_ Account Number : \_\_\_\_\_

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

Tax Reference Number : \_\_\_\_\_ TCAN : \_\_\_\_\_

**Details of Grant Aid Sought :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a copy of the notification letter 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.

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☎ +353-0906484148

🌐 [www.education.ie](http://www.education.ie)

✉ [sntg@education.gov.ie](mailto:sntg@education.gov.ie)

Updated: Jan 2017

# Part 2 - Claim form for the payment of Grant Aid

## Declaration:

I, \_\_\_\_\_ in applying for this payment or refund 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 & Skills 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 letter issued by the Department of Education & Skills.
3. I understand that should this grant aid be used for any other purpose other than what it is intended, the entire grant aid issued is refundable to this Department upon demand and within 7 days.

Signed : \_\_\_\_\_ Date : \_\_\_\_\_ Role : \_\_\_\_\_

Signed : \_\_\_\_\_ Date : \_\_\_\_\_ Role : \_\_\_\_\_

Where the receiptant is:

1. A registered company, two signatures are required and both must be a directors of the company
2. A recognised school or centre of education, the applicant must be the chairperson of the Board of Management in addition to 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 in addition to their requirements under section 95 of the Finance Act 2014 .

## Official Use Only :

Supplier Number : \_\_\_\_\_ Payment Authorised : \_\_\_\_\_ :

Amount : € \_\_\_\_\_

Cost Centre: \_\_\_\_\_ Nominal Code : \_\_\_\_\_ Project Code : \_\_\_\_\_

Legend : \_\_\_\_\_

Requested by : \_\_\_\_\_ SNTG

Approved by : \_\_\_\_\_ SNTG

Released by : \_\_\_\_\_ SNTG