

Riachtanais Speisialta agus Deontais Teagaise
Rannán na Scoileanna - Airgeadas,
An Roinn Oideachais agus Scileanna
Cor na Madadh
Baile Átha Luain
Co. na hIarmhí N37X 659



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

PAYMENT CLAIM FORM FOR HOME TUITION PAYMENTS WHERE THE STUDENT IS IN THE CARE OF TUSLA

The Home Tuition Grant scheme is an educational grant to cater for the cost of engaging an approved tutor to provide tuition to an approved student who cannot for a variety of reason attend or avail of a school placement. The Home Tuition grant cannot be used, under any circumstances, for any other purpose such as Speech and Language Therapy, Occupational Therapy, holidays, equipment , etc

- Payment will issue strictly in accordance with the sanction letter issued for this scheme. Applications for payment for unapproved periods or in respect of unapproved tutors will be refused.
- By submitting this claim form for payment, both TUSLA and the approved tutor are declaring that they have read and understood the detailed FAQ (frequently asked questions) document that is available on the Department website - www.education.ie
- The provision of Home Tuition is limited to a maximum of 5 hours tuition per child per day, Monday to Friday between the hours of 9am to 6pm only.
- The payment rates and terms of employment for tutors providing tuition under this Scheme to children in the care of TUSLA is a matter between TUSLA and the individual tutor. The Department of Education & Skills has no function or role in the matter.
- Payment of grant aid will be made directly to the nominated bank account of TUSLA and a remittance slip is forwarded to the Finance Unit of TUSLA in respect of each payment issued.
- Claims for payment should be submitted monthly in arrears following the completion of the approved tuition and payments will be processed in date order of receipt.

Part 1 and Part 2 of this claim form must be submitted for each month in which the tuition was provided. Where more than one tutor has been approved to provide tuition, a separate part 1 and part 2 must be submitted for each tutor.

All tuition to be provided under this scheme must be to the approved student by the Tutor approved for that child / student only. Tuition provided by tutors not approved for the named child /student or tuition provided in a group setting will not be paid unless specifically pre -approved for particular cases such as siblings.

The use of Tippex or other corrective fluids will make this claim form invalid and will result in this claim form being returned to the legal guardian(s) .

Part 1: Certification by an Authorised Officer of TUSLA

PLEASE COMPLETE IN BLOCK CAPITALS USING A BLACK OR BLUE PEN ONLY.

This form must be completed with every application submitted seeking payment.

Name of Student: _____ **PPSN of this student:** _____

Name of Social Worker : _____

Contact number of assigned Social Worker : _____

Email address of the assigned Social Worker : _____

Payment in respect of this claim will be forwarded to the pre- nominated bank account of TUSLA.

Name of Tutor: _____ **PPSN of Tutor:** _____

School Roll Number: _____ (if any)

Is your teacher being paid a public services' pension: _____

The tutor's registration number from the Teaching Council of Ireland : _____

Declaration by the assigned Social Worker of TUSLA

I, the assigned Social Worker to the above named student who is in the care of TUSLA wish to confirm that:

- I am an authorised by TUSLA to make a claim for payment on behalf of the above named student
- Having read and understood the terms and conditions of the scheme and the FAQ published by this Department, I on behalf of TUSLA fully understand how the scheme operates and the responsibilities in order to receive payment.
- TUSLA and the Tutor that has been engaged by TUSLA are in full compliance with the terms of the scheme.
- I am aware that the tuition to be provided must be by the approved tutor and that group tuition is not permitted. I also understand that the tuition must be provided in the home of the child where this is specifically stated in the sanction letter.

All the information given in this claim form is true and correct. In the event that TUSLA have been overpaid as a result of this claim , TUSLA will refund the Department the grant aid requested within 7 days or upon request.

Signed : _____ Date : _____

 +353-90-648 3600

 +353-90-648 4148

 www.education.ie

 sntg@education.gov.ie

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Part 2: Certification by the Teachers/ Tutors and by TUSLA

Name of Student: _____ **PPS number** _____

Declaration by Teacher: I confirm and certify that:

1. As the approved tutor of the above named student , I provided tuition to this student as outlined in the monthly record of tuition set out below and in accordance with the terms and conditions of the Scheme as outlined in the published Circular Letter for the 2016.17 schemes where applicable
2. No other student was present during the tuition shown below.
3. The tuition was provided by me at the following address, which is the home address of the student:

_____ (full address must be given)

For the period: _____ to _____.

Have you the written permission of your employer to engage in providing Home Tuition?	Yes _____ No _____
Are you availing of any approved leave of absence, paid or unpaid, from your employer while engaging in this tuition ?	Yes _____ No _____
Have you applied for, or are you being paid a public services' pension from Any government Department or public service body ?	Yes _____ No _____
Have you provided tuition to the above named student: (A) Between the hours of 9am to 6pm, Monday to Friday only (B) No other child/student has benefited from the tuition provided to this child or Student.	Yes _____ No _____

List the times per day when the tuition was provided to this student

Week ending	Monday	Tuesday	Wednesday	Thursday	Friday	Total hours of tuition
/ /						
/ /						
/ /						
/ /						
/ /						

Declaration by TUSLA and Tutor :

We declare and confirm that all the above information is true and correct

Signature of the Approved Teacher: _____ **Date :** _____

Signature of the assigned Social Worker of TUSLA : _____ **Date :** _____

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