



**In-person Supplementary Programme**

**to**

**Support the Education or Care Needs of Pupils with**

**Complex Needs during this period of school closure**

## **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 determine eligibility and process payment for the In-Person Supplementary Programme. The personal data provided may be shared with the National Council for Special Education (NCSE), the Department of Education (including the National Educational Psychological service, NEPS) and Revenue Commissioners for the purposes of determining eligibility for the In-person Supplementary Programme, in processing payments and for statistical purposes. Full details of the Department's Data Protection policy setting out how we will use your personal data or that of your child, as well as information regarding your rights as a data subject, are available at <https://www.education.ie/en/The-Department/Data-Protection/gdpr/gdpr.html>. Details of this policy are also available in hard copy upon request from the Department.

## Grant Claim Form

### PART 1 Section to be completed by School Principal

**Confirmation by school Principal of child's eligibility and the school's intention to provide relevant information to the Teacher/ SNA who will provide support under the programme**

Child's name \_\_\_\_\_

Name of school \_\_\_\_\_

School Roll No.: \_\_\_\_\_ Mainstream School

Special School

#### ELIGIBILITY

The following children are eligible to avail of the scheme

- All pupils enrolled in special schools and special classes in primary school.
- Pupils in mainstream classes in primary schools who are accessing the highest level of the continuum of support (i.e. School Support Plus/for a Few). This will include pupils with Autism, Down syndrome, sensory impairments, and other disabilities who were identified for the summer programme of 2020.
- Pupils identified by their primary school as requiring the highest level of support at any given time. This will ensure that pupils presenting with exceptional needs due to the current school closures can participate in the scheme.

I can confirm that this child is eligible because s/he \_\_\_\_\_

I can confirm that relevant information from support plans/care plans has been passed on to teacher/SNA` YES  NO

School telephone number \_\_\_\_\_ School Email address \_\_\_\_\_

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_

#### SCHOOL STAMP





### PART 3

## TIMETABLE OF IN-PERSON SUPPORT PROVISION

EXACT DATES AND TIMES OF SUPPORT MUST BE ENTERED for funding purposes

PLEASE COMPLETE IN BLOCK CAPITALS

Teacher/SNA Name: \_\_\_\_\_ PPSN \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B: / / PPSN \_\_\_\_\_

Timetable of tuition/care support provided for the above named student

<b>WEEK 1</b>	Monday	Tuesday	Wednesday	Thursday	Friday	<b>Total Hours</b>
DATE <i>Required Field</i>						
Start time						
Finish time						
<b>Week 2</b>	Monday	Tuesday	Wednesday	Thursday	Friday	<b>Total Hours</b>
DATE <i>Required Field</i>						
Start time						
Finish time						
<b>Week 3</b>	Monday	Tuesday	Wednesday	Thursday	Friday	<b>Total Hours</b>
DATE <i>Required Field</i>						
Start time						
Finish time						
<b>Week 4</b>	Monday	Tuesday	Wednesday	Thursday	Friday	<b>Total Hours</b>
DATE <i>Required Field</i>						
Start time						
Finish time						

## **Declaration by both Parent/Legal guardian and Teacher/SNA**

We have reviewed the information provided in this claim form and confirm that it is true and correct and understand that revised forms will not be accepted.

We understand that we are in full compliance with all the terms and conditions of the scheme and understand that payment will not issue in respect of tuition provided outside of those terms and conditions.

**Signed:** \_\_\_\_\_  
Parent/Legal Guardian

**Signed** \_\_\_\_\_  
Teacher/SNA

**This form must be completed and all parts returned together after tuition/care support has been provided. All completed forms must be received by Friday 14 May 2021. No forms will be accepted after that date.**

RETURN TO: Department of Education, Special Education Section, Cornamaddy, Athlone, Co. Westmeath N37 X659

Any queries should be emailed to [supplementaryprogramme@education.gov.ie](mailto:supplementaryprogramme@education.gov.ie) quoting the child's name, teacher/SNA's name and PPSN.

### **Payment is lodged to teacher/SNA bank account**

It is the responsibility of teachers/SNAs to ensure that the bank details held by the Department of Education for payment under this programme are current. Where bank details require to be set up/amended each teacher/SNA should complete the **Change of Bank Account Details** form which is available on the payroll section of the Department's website and submit it with this Grant Claim Form.

# **Appendix 1 – Statutory Declaration – Must be completed by all teacher/SNAs in advance of tuition or care support commencing**

In order to comply with child protection guidelines the following child protection-related Statutory Declaration must be provided by all persons being appointed as home teacher/SNA. A Statutory Declaration is regarded as valid if made in the same or previous calendar year. This form must be witnessed by a Practising Solicitor/Commissioners for Oaths/Notary Public/Peace Commissioner

## **Statutory Declaration**

This statutory declaration must be completed prior to a person being appointed to deliver home tuition/support.

“I \_\_\_\_\_ of, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

in the county of \_\_\_\_\_ aged eighteen years and upwards do SOLEMNLY AND SINCERELY DECLARE as follows:-

that to the best of my knowledge and belief there is nothing, from a child protection perspective, in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in which I would be placed in relation to children or vulnerable adults by virtue of my appointment to deliver home support.

I am aware that I am not now, or in the future, required to disclose to the parents of the child by whom I have been nominated to deliver home support under the In Person Supplementary Programme, details of any conviction regarded as spent under the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016, but that, in accordance with section 10 of that Act, this does not however apply in the case of any conviction in respect of offences specified in Part 1 or 2 of Schedule 1 of that Act or those specified in Schedule 3 of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

Within a child protection context:

- I hereby confirm my irrevocable consent to the parents of the child by whom I have been nominated to deliver home support to the making of such enquiries as they deem necessary in respect of my suitability to deliver home support.
- I hereby accept and confirm the entitlement of the parent/guardian of the child I am delivering home support to reject my application or terminate my delivery of the support if I have omitted to furnish the parent/guardian of the child to whom I am delivering home support with any information relevant to my application for the position as a home support provider.
- I understand that any false or misleading information submitted by me in relation to my application to deliver home support tuition for the child in question will render me liable to automatic disqualification or render me liable to automatic termination of my role as a home support provider.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act 1938.”

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

Teacher/SNA

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

Declared before me \_\_\_\_\_ [name in capitals] a [notary public][commissioner for oaths][peace commissioner] [practising solicitor]by \_\_\_\_\_

\*who is personally known to me,

Or

\*whose identity has been established to me before the taking of this Declaration by the production to me of passport no. [passport number] issued on [date of issue] by the authorities of [issuing state], which is an authority recognised by the Irish Government]

Or

National identity card no.[identity card number] issued on [date of issue] by the authorities of [issuing state] [which is an EU Member State, the Swiss Confederation or a Contracting Party to the EEA Agreement]

Or

[Aliens Passport no. (document equivalent to a passport)[passport number] issued on [date of issue] by the authorities of [issuing state] which is an authority recognised by the Irish Government]

Or

Refugee travel document no. [document number] issued on [date of issue] by the Minister for Justice,]

Or

Travel document (other than refugee travel document) [document no.] issued on [date of issue] by the Minister for Justice,

at

in the City/ County of

on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

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\*Practising Solicitor / Commissioner for Oaths / Notary Public / Peace Commissioner

\* Delete as appropriate

Note: Further information in relation to Commissioners for Oaths and Peace Commissioners is available on [www.citizensinformation.ie](http://www.citizensinformation.ie)



