



2021 Home-Based Summer Programme to Support the Education or Care Needs of Students with Complex Special Educational Needs

Please ensure you read the Overview and Guidance provided prior to completing this application form and commencing tuition/care support under this scheme

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 Home Based Summer 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 Home Based Summer 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 student's eligibility and the school's intention to provide relevant information to the Parent and/or Teacher/SNA who will provide tuition/support under the programme

Child's name _____ D.O.B _____

Name of school _____

School Roll No.: _____ Class/Year _____

Is child currently enrolled in your school for 2020/21 year YES NO

Student is in; Mainstream Special Class Special School

Confirmation of Eligibility

School Principal to confirm:

1. The child is in the following categories of pupils

- All pupils in special schools and special classes in primary and post primary schools.
- Pupils in mainstream classes in primary and post primary schools who are accessing the highest level of the continuum of support (Student Support Plus/for a few). This includes pupils with Autism, Down syndrome, sensory impairments, and other disabilities who were identified for the supplementary programme earlier this year.

Children in the above categories entering primary school next September are also eligible for the programme.

2. Is your school running a school-based programme YES NO

3. Is there a place for the child in your school based programme YES NO

PLEASE NOTE THAT IF THE ANSWER TO THE ABOVE TWO QUESTIONS IS YES THIS CHILD IS NOT ELIGIBLE FOR HOME-BASED SUMMER PROVISION and this form should NOT be completed.

Note: School refers to recognised schools only

I can confirm that relevant information from support plans/care plans has been passed on to Parent and/or Teacher/SNA YES NO

School telephone number _____

School Email address _____

Principal's signature _____ Date _____

SCHOOL STAMP

PART 3

Teacher/SNA Details – to be completed by Teacher/SNA to confirm they meet the scheme’s qualification and Child Protection criteria

Teacher/SNA Details – Are you a **Teacher** **SNA**

Forename													
Surname													
	P	P	S	N									
*Teaching Council Number (*Teacher only – Mandatory)										Gender		M	F
Address:													
D.O.B.	D	D	M	M	Y	Y	Y	Y					
	EIRCODE												
Phone no.													
Email address													

Appendix 1 is completed in full – Statutory Declaration for 2021 **YES** **NO**
(Prior to commencement of support)

NOTE: A teaching position Statutory Declaration is **not** acceptable under this scheme

Appendix 2 is completed in full – Form of Undertaking **YES** **NO**
(Prior to commencement of support)

If you are retired, are you currently in receipt of payment of a public service pension? **YES** **NO**

I have read and understand the Home-Based Summer Programme Overview **YES** **NO**

Teacher/SNA signature _____ Date: _____

Print Name: _____

Teachers who are not Irish, EU, EEA, or Swiss citizens must have prior permission to work in this state before they may provide tuition under this Programme. It is a requirement of the scheme that teachers have to notify the Teaching Council of Ireland to make their details available on the Teaching Council website in order for this Department to verify that teachers have current registration. This is done by sending notification to the Council. Further information is available on www.teachingcouncil.ie

PART 4

TIMETABLE OF HOME-BASED SUMMER PROVISION

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

PLEASE COMPLETE IN BLOCK CAPITALS

Teacher/SNA Name: _____

PPSN _____

Student Name: _____

PPSN _____

Student Name: _____

PPSN _____

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

NOTE: A MAXIMUM OF 10 HOURS IN ANY SINGLE WEEK to be provided between 9 a.m. and 6 p.m.

WEEK 1	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Start time					
Finish time					
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Start time					
Finish time					
Week 3	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Start time					
Finish time					
Week 4	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
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 close of business on **Friday 4th September 2021**. No forms will be accepted after that date.

RETURN TO: Department of Education, **Home-Based Summer Programme**, Special Education Section, Cornamaddy, Athlone, Co. Westmeath N37 X659

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 at the link below, and submit it with this Grant Claim Form.

<https://www.gov.ie/en/form/48283-change-of-bank-details/>

Appendix 1 – Statutory Declaration – Must be completed by all Teachers/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 Home Based Summer 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__

*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

NOTE: This form must be signed by one of the above i.e. Practising Solicitor / Commissioner for Oaths, Notary Public / Peace Commissioner.

Where it is signed by another official it is **NOT** a valid declaration and cannot be accepted under the Home-Based Summer Provision Scheme.

Appendix 2 – To be completed by all Teachers/SNAs AND Parents

Form of Undertaking

I confirm that, since the date on which I signed the attached statutory declaration, 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 relation to children or vulnerable adults in which I would be placed by virtue of my position as a tuition provider to _____ (name of child).

I also undertake to inform the parents of the child to whom I am delivering a Home-Based Summer Programme of any changes to the above stated position that may affect my suitability, from a child protection perspective, for continuing in the role as a teacher/home support for Home-Based Summer Programme.

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 tuition/care support under the Home Based Summer 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.

I acknowledge and understand that any false or misleading confirmation as to my conduct, character or personal background or any failure of mine to inform the parent of the child to who I am delivering a Home Based Summer Programme may affect my suitability, from a child protection perspective, will constitute a breach as my role as a Teacher/SNA for Home Based Summer Programme and may be grounds for summary dismissal by the parent/guardian.

I have carefully read and understand the Guidance on the scheme and agree to abide by these Terms and Conditions in providing tuition/care support under the Scheme.

I confirm that I am registered with the Teaching Council of Ireland (**teachers only**).

I confirm that I have been vetted and I shared the result of my vetting search, known as a vetting disclosure, with this parent/guardian.

Signed: **Teacher/SNA** _____ **Date:** _____

Print Name: _____

I can confirm that the Teacher/SNA I have nominated has been vetted accordingly and I have viewed the result of the Teacher/SNA's vetting search.

I understand Garda Vetting does not provide clearance for persons to work with children. It simply provides particulars of any criminal record and/or specified information in respect of the person concerned or where there is no criminal record or specified information states this fact. The decision on the suitability of a person to work with the student is ultimately a matter for the parent/guardian.

Signed: _____ **Date:** _____

(Parent/ Legal guardian of above named child)

Print Name: _____

(Parent/ Legal guardian of above named child)