



**In-person Supplementary Programme**

**to**

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

**Complex Needs at Post Primary**

## **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 student's eligibility and the school's intention to provide relevant information to the Parent and/or Teacher/ SNA who will provide support under the programme**

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

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

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

Student is in Mainstream

Student is in a Special Class

#### ELIGIBILITY

The following children are eligible to avail of the scheme

- All students enrolled in special classes in post primary schools.
- Students in mainstream classes in post 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.
- Schools have flexibility to identify pupils that require the highest level of individualised and specialist support at any given time. This will ensure that students 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 Parent and/or teacher/SNA YES  NO

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

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

#### SCHOOL STAMP



**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													
	<b>P</b>	<b>P</b>	<b>S</b>	<b>N</b>									
*Teaching Council Number <small>(*Teacher only – Mandatory)</small>							<b>Gender</b>				<b>M</b>	<b>F</b>	

Address:													
D.O.B.	<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>					
Phone no.	<b>EIRCODE</b>												
Email address													

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

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 In-Person Supplementary Programme Information **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](http://www.teachingcouncil.ie)

### 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: \_\_\_\_\_ PPSN \_\_\_\_\_

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

**NOTE: A MAXIMUM OF 5 HOURS IN ANY SINGLE WEEK.**

WEEK 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Start time							
Finish time							
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Start time							
Finish time							
Week 3	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date							
Start time							
Finish time							
Week 4	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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 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)



## 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 In Person Supplementary 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 tutor/home support for In Person Supplementary 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 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.

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 whom I am delivering In Person Supplementary Programme may affect my suitability, from a child protection perspective, will constitute a breach as my role as a teacher/SNA for In Person Supplementary 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: \_\_\_\_\_

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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)**