



All sections must be completed. Please type or print in block capitals.

Please refer to general conditions of the scheme when completing this form.

A separate form should be completed for each Training Proposal.

App. Ref. No.
DEASP Use Only

NOTE: Training for which a grant is being sought must not have commenced prior to approval.

Organisation Details

Name of Organisation:	
Address:	
Name of MD or Chief Executive:	
Telephone:	
Fax number:	
Email:	
Web address:	
Number Employed:	
Please outline main business of the organisation:	

Is the organisation a Branch, part of a Group, or a Subsidiary of a Holding Company?

Yes No

If Yes, please specify

Name:	
Address:	
Activity:	
Total Number Employed:	



Details of Training Proposal

Course Title:		
Number of participants:		
Course Dates	From: _____ To: _____	No. of Days
Is this Course Certified? (Please check box <input checked="" type="checkbox"/>) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Certifying Body:		
Course Venue:		
Address:		
Telephone:		
Fax Number:		
Email:		
Web:		
Organisation/Provider:		
Address:		
Telephone:		
Fax Number:		
Email:		
Web:		
Cost of Course (€):		
Do all of the proposed course participants work with a colleague who has a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, please explain why these participants are being proposed for disability awareness training.		



Funding (Tick where appropriate)

Is assistance being sought from any other source or scheme in respect of this expenditure?

Yes No

If yes, state source:

The cost of administration associated with training proposal? € _____

Description: _____

Total Cost Claimed (€): _____

PLEASE RETURN COMPLETED GRANT APPLICATION FORM TO THE DEASP CASE OFFICER YOU HAVE BEEN DEALING WITH OR TO A NOMINATED DEASP ASSISTANT PRINCIPAL (A *Contacts List of APs with responsibility for Disability Employment Supports* can be seen at the following web address:

<http://www.welfare.ie/en/Pages/Workplace-Supports-Contact-List.aspx>).

PLEASE SUBMIT WITH THIS APPLICATION:

- (1) A COPY OF YOUR ORGANISATION'S TRAINING PLAN;
- (2) DETAILS OF THE TRAINER/COURSE PROVIDER, for example, a copy of the trainer's qualifications, CV, etc.;
- (3) THREE TENDERS IF THE VALUE OF THE GRANT YOU ARE APPLYING FOR IS €5,000 OR MORE.

THE ORGANISATION HAS TWO MONTHS AFTER THE TRAINING IS COMPLETED IN WHICH TO CLAIM. IF THE GRANT IS NOT CLAIMED WITHIN THAT PERIOD IT WILL LAPSE WITHOUT FURTHER NOTIFICATION TO THE COMPANY.

Note: According to the guidelines for this scheme, a claimant organisation shall grant DEASP or its agents access to the organisation's premises and financial records in connection with this application, if requested.

Do you agree to this? _____

Signed: _____

Name: _____



Position in Organisation: _____ Date: _____

Organisation's Stamp



For DEASP Use only

	Yes	No
Has the applicant fully and properly completed the application form?	<input type="checkbox"/>	<input type="checkbox"/>
Are the training needs clearly identified and linked to the organisation's business plan or strategy, and specifically to their training plan?	<input type="checkbox"/>	<input type="checkbox"/>
Has the organisation provided a copy of their training plan?	<input type="checkbox"/>	<input type="checkbox"/>
Has the organisation provided details of the trainer/course provider?	<input type="checkbox"/>	<input type="checkbox"/>
If the grant value is €5,000 or more, are three tenders available?	<input type="checkbox"/>	<input type="checkbox"/>
For in-house courses delivered by external trainers, has the cost of administering the course been stated?	<input type="checkbox"/>	<input type="checkbox"/>
Has the application form been date stamped on receipt by the Case Officer or by the AP's office?	<input type="checkbox"/>	<input type="checkbox"/>
Has an application approval letter been sent to the applicant organisation prior to the course start date?	<input type="checkbox"/>	<input type="checkbox"/>

Total net grants received to date: € _____

Recommended **Not recommended by the Case Officer** (mark as appropriate)

DEASP Case
Officer: _____

Signature: _____ Date: _____

Comment: _____

Approved **Not Approved by the AP** (mark as appropriate)

DEASP AP: _____

Signature: _____ Date: _____

Comment: _____



Notes:

- (a) If the answer to any of the above questions on the checklist is No, the application form plus the attached documentation must be returned to the organisation.**
- (b) The organisation's application forms should not be changed or modified by DEASP personnel.**

THIS SCHEME IS FUNDED BY THE IRISH EXCHEQUER.