



DISABILITY AWARENESS SUPPORT SCHEME

Grant Claim Form

Please type or print in Block Capitals

Name of Organisation:		App. Ref. No.
		DEASP Use Only
Address:		

Disability Awareness Training Details

Course Provider: _____
Course Title: _____
Course Venue: _____
Dates: From: _____ To: _____
No. of Actual Days: _____
No. of participants: _____

Cost of Training

Training Course: € _____
Materials (Max. €650): € _____
Total: € _____

Has assistance been sought from any other source or scheme in respect of this expenditure?

Yes No

If yes, state source and give details of any assistance received:



Please Attach:

Certificate of Attendance	Signed and stamped by the Course Provider, and giving details of Course Title, Venue & Date(s), and Names & Signatures of Participants
Receipt(s) of payment to Course Provider and supplier(s) of training materials (if these were not supplied by Course Provider)	Showing: Cheque number(s) or other proof of payment (e.g. bank statement(s)) and date(s) of payment to the Course Provider and supplier(s) of training materials
Original invoices	Showing: The total cost of Training Course fees and materials
Current Tax Clearance Certificate or Tax Clearance Access No. (TCAN) for electronic tax clearance, for claimant organisation	DEASP requires this in order to process any payment
Current Tax Clearance Certificate or Tax Clearance Access No. (TCAN) for electronic tax clearance, for Course Provider	DEASP requires this in order to process any payment
Original Electronic Funds Transfer (EFT) Bank Mandate form	So that DEASP can pay you

DECLARATION

I declare that the information contained in this Claim Form is correct to the best of my knowledge and I am authorised to sign this statement on behalf of the organisation named therein.

Name: _____

Position in Company: _____

Signature: _____

Date: _____

<p>Company/Employer Stamp</p>



Certificate of Attendance

Course Title:	
Course Venue:	
Date(s):	
Course Provider:	

Name of Participant	Signature

Use a separate page for additional participants.



Stamp of Course Provider

For DEASP Use Only

Expenditure Calculations	Eligible Costs	Total Cost €	%	Amount Allowed €
	Course Fees			
	Materials			
	Total			

Yes No

Is the Claim Form fully completed, signed, stamped and dated by the claimant organisation?		
Is there a Certificate of Attendance with the Claim Form?		
Is proof of payment attached? (Original Invoices and Receipts (with Cheque No: _____ or other proof(s) of payment, clearly showing date(s) of payment)		
Have all of the General Conditions been complied with?		
Has the claimant organisation provided a current Tax Clearance Certificate or TCAN?		
Has the Course Provider provided a current Tax Clearance Certificate or TCAN?		
Has the claimant organisation completed an EFT Bank Mandate form?		
Is any outstanding debt owed to DEASP by the claimant organisation?		
If Yes, give details		

Recommended

Not Recommended



Name of DEASP Case Officer: _____
Signature of DEASP Case Officer: _____
Date: _____

Approved

Not approved

Name of DEASP Divisional AP: _____
Signature of DEASP Divisional AP: _____
Date: _____

Notes:

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

This scheme is funded by the Irish Exchequer.