



**REASONABLE ACCOMMODATION FUND  
FOR THE EMPLOYMENT OF PEOPLE WITH A DISABILITY**

**Section 2 - Grant Application  
Job Interview Interpreter Grant Scheme**

Application details

Name of Interpreter: \_\_\_\_\_ PPS No: \_\_\_\_\_

Address: \_\_\_\_\_

Communication needs: Sign Interpreter  
Other

  

Lip-speaker  
Specify \_\_\_\_\_

Date(s) of interview/induction: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Verification of Job Interview/Induction:

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name & position in company: \_\_\_\_\_

Company/Employer Stamp

Interpreter costs:

Total fee: € \_\_\_\_\_ Total Travel Costs: € \_\_\_\_\_

Details of travel: From: \_\_\_\_\_ To: \_\_\_\_\_

Mode of transport: \_\_\_\_\_

Current Tax Clearance Cert (TCC) No (please attach a copy) or electronic Tax Clearance Access No (TCAN): \_\_\_\_\_

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

Interpreter

Interpreter Stamp

To receive payment, please attach a completed original EFT Bank Mandate (unless you have previously supplied one) and an invoice. The details on both (VAT No, address, etc.) should match.

FOR DEASP USE ONLY

Approved by:  
Case Officer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved for Payment by:  
Assistant Principal: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorised for Payment by:  
Accounts Payable: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: Completed form should be forwarded to your local DEASP INTREO Centre.