



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

**Section 2 - Grant Application
Personal Reader Grant Scheme**

Application Details

Name of Reader: _____

Address: _____

PPS No: _____

Telephone: _____

Email: _____

Signature: _____ **Date:** _____

Please explain why a Personal Reader Grant is required:

Applicant's Signature: _____ **Date:** ____/____/____

Note:

A completed **Personal Reader Grant CLAIM FORM** must accompany all monthly claims for Personal Reader Grant payment. This form can be downloaded from the DEASP website or requested from your local Intreo Centre or Case Officer.