



DISABILITY AWARENESS SUPPORT SCHEME Grant Application Form

Foras Áiseanna Saothair
Training & Employment Authority

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

Please refer to general conditions of the scheme when completing this form.
(To be completed for each Support Intervention undertaken.)

App. Ref. No.
FÁS Use Only

NOTE: Support Intervention 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:	
Total 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:	
Employment Numbers:	

Organisation's Stamp

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Job Category (Tick where appropriate) – Continue on separate pages if necessary

Participant's Name	Management			Operative			Under 25			Over 25		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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:

Has the organisation received State funds in excess of €6350 for any purpose in the past 12 months?

Yes No

The amount of administration costs associated with support intervention? € _____

Description:

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Support Details

Intervention Support

Title:		
Intervention Support Dates	From:	To: No. of Days
Is this Programme 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:		
FÁS Registration No.:		
Address:		
Telephone:		
Fax Number:		
Email:		
Web:		
Total Fee (€):		Total Cost (€):

PLEASE RETURN COMPLETED GRANT APPLICATION FORM TO YOUR FÁS REGIONAL SERVICES TO BUSINESS OFFICE AND SUBMIT DETAILS OF INTERVENTION SUPPORT WITH THIS APPLICATION

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.

FÁS or its agents will have access to the firm's financial records relevant to this application.

Signed _____
Position in Organisation _____ Date: _____

DASS. Revision No: 1 04-05-2011



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	Yes	No
Has the applicant fully and properly completed the application form?	<input type="checkbox"/>	<input type="checkbox"/>
Are the support intervention needs clearly identified and linked to a business plan or strategy, using the organisation's development plan?	<input type="checkbox"/>	<input type="checkbox"/>
Is the plan on the FÁS File?	<input type="checkbox"/>	<input type="checkbox"/>
Has the application form been date stamped on receipt by the Services to Business manager?	<input type="checkbox"/>	<input type="checkbox"/>
Has an application approval letter been sent out to the applicant organisation prior to the support intervention start date?	<input type="checkbox"/>	<input type="checkbox"/>
If the grant value is €7600 or more, are three tenders available?	<input type="checkbox"/>	<input type="checkbox"/>
For in-organisation development programmes, Support Intervention Proposals including Costs are required	<input type="checkbox"/>	<input type="checkbox"/>
Total net grants received to date: € _____		

Signature: _____

Adviser Code: _____ Date: _____

Comment: _____

Approved **Not Approved by the Regional Director** (mark as appropriate)

Signature: _____ Date: _____

Comment _____

Category of Training Code:	Business Sector:	Trainer Organisation Code:

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 FÁS personnel

**THIS SCHEME IS FUNDED BY THE IRISH EXCHEQUER AND SUPPORTED BY
THE NATIONAL DEVELOPMENT PLAN 2007-2013.**

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