

Please type or print in Block Capitals

Name of Organisation:		App. Ref. No.
Address:		FÁS Use Only
Signed:		Date:
Position in Organisation:		

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"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
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	<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"/>	

Support Details

Support Intervention Title: _____
 Dates: From: _____ To: _____
 No. of Actual Days: _____

Cost of Intervention

Fee/Support Cost	€
Materials (Max. €650)	€
Total	€

Please Attach	Certification of Attendance	Which shows: Name of Participant(s), Support Dates, Duration	
	Receipt of Payment to Provider	Which shows: Cheque Number and Date of Payment to the Provider	
	Original invoice	Which shows: The Total cost of Intervention Support	
	Current Tax Clearance Certificate	Required when the aggregate grant is €6300 or over from any State source in the past twelve months	

DECLARATION

I declare that the information contained in the 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: _____



Foras Áiseanna Saothair
Training & Employment Authority

DISABILITY AWARENESS SUPPORT SCHEME Grant Claim Form

Support Intervention Evaluation Form (For FAS information only)¹

To be completed on behalf of the company for each intervention and signed by all of the participants.

How would you rate the intervention as a whole?

Excellent Good Average Poor Unsatisfactory

Intervention Objectives – Were the company objectives met?

Completely Fairly Well Not Very Well Not at all

Not aware of objectives

Were the participants own specific objectives met?

Completely Fairly Well Not Very Well Not at all

Not aware of objectives

1. Weak
2. Only Satisfactory; Room for considerable improvement
3. Average
4. Good; Minor points could be improved
5. Excellent

Please tick the appropriate boxes using the code above:

	1	2	3	4	5
Standard of presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lecturer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Role Playing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review Sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Handouts/Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room & Work Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouragement to express views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the Support Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant(s) Signatures - continue on a separate sheet if necessary

Participant(s) Signatures	Participant(s) Signatures	Participant(s) Signatures

¹ Please note; the opinions expressed here will not affect the payment of grants

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Foras Áiseanna Saothair
Training & Employment Authority

DISABILITY AWARENESS SUPPORT SCHEME Grant Claim Form

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For FAS Use Only

Expenditure Calculations	Eligible Costs	Total Cost €	%	Amount Allowed €
	Fee			
	Materials			
	Total			

	Yes	No
Has the Claim been recommended/approved, signed and dated?		
Is there a Certificate of attendance with the Claim Form?		
Is proof of receipt of payment attached? (Original Invoices, Cheque No. _____ and date of payment)		
Have all of the General Conditions been complied with?		
Tax Clearance Certificate (if applicable)		

Recommended

Not Recommended

Signature of STB Adviser

Date

Approved

Not approved

Signature of STB Manager

Date

Notes:

(a) If the answer to any of the above questions on the checklist is no, the claim form plus the attached documentation must be returned to the organisation.

(b) The organisation's claim form should not be changed or modified by FAS personnel

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