

Please refer to the **General Conditions** before completing this form.

**YOUR DETAILS**

Please type or complete his form in **BLOCK CAPITALS**

Company Name:	<input type="text"/>	Tel:	<input type="text"/>
Employer's RSI Number:	<input type="text"/>	Fax:	<input type="text"/>
Address:	<input type="text"/>	Email:	<input type="text"/>
<input type="text"/>			
Name of Employee:	<input type="text"/>	PPS Number:	<input type="text"/>

**Stage of Employee Retention Grant Scheme for which payment is now being sought:**  
(please tick as appropriate) Stage 1:  Stage 2:

**COSTS FOR WHICH PAYMENT IS BEING SOUGHT**

STAGE I COSTS: Development of the Retention Strategy	Cost €	Amount Claimed €
Occupational Capacity Evaluation:	<input type="text"/>	<input type="text"/>
Workplace/job assessment:	<input type="text"/>	<input type="text"/>
Development of the individualised Retention Strategy:	<input type="text"/>	<input type="text"/>
Other Costs (Details must be provided)	<input type="text"/>	<input type="text"/>
<b>TOTAL (All relevant invoices/receipts must be attached):</b>	<input type="text"/>	<input type="text"/>

**Please attach the following and check the box  to indicate it has been included**

Copy of the written Retention Strategy:	<input type="checkbox"/>	FÁS USE ONLY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Invoices/receipt(s) of Payment(s) to Specialist(s) ['Claim Requirements' para. iii(a)]:	<input type="checkbox"/>	
Copy of the relevant bank statement ['Claim Requirements' para. iii(b)]:	<input type="checkbox"/>	
Copy of bank draft if applicable ['Claim Requirements' para. iii(c)]:	<input type="checkbox"/>	
Current Tax Clearance Certificate (TC1) for Employer if not previously submitted:	<input type="checkbox"/>	
Current Tax Clearance Certificate(s) (TC1) for Specialist(s) or his/her employer if not previously submitted:	<input type="checkbox"/>	

STAGE II COSTS: Implementation of the Retention Strategy	No. of hours	Cost €	Amount Claimed €
<b>Amount € claimed to date</b> (if previous claim has been made):		<input type="text"/>	<input type="text"/>
<b>Job Coach:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Specialist (external coordination):</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Training or retraining:</b> (as per details outlined in the Retention Strategy):		<input type="text"/>	<input type="text"/>
Other Costs (Please specify):		<input type="text"/>	<input type="text"/>
Total this claim (All relevant invoices/receipts must be attached):		<input type="text"/>	<input type="text"/>
<b>Total amount claimed, including previous and current claims:</b>		<input type="text"/>	<input type="text"/>

*Continued Overleaf*

**ERGS. Revision No: 0 08/06/05**





Foras Áiseanna Saothair  
Training & Employment Authority

# Employee Retention Grant Scheme

## KEEPING PEOPLE IN WORK

### Claim Form

## STAGE II COSTS CONTINUED

Please attach the following and check the box  to indicate it has been included

FÁS USE ONLY

- Invoices/receipt(s) of payment to Specialist and/or Job Coach ['Claim Requirements' para. iii(a)]:
- Invoices/receipt(s) of payment to Trainers and/or others where applicable 'Claim Requirements' para. iii(a)]:
- Copy of the relevant bank statement(s) ['Claim Requirements' para. iii(b)]:
- Copy of bank draft(s) if applicable ['Claim Requirements' para. iii(c)]:
- Current Tax Clearance Certificate (TC1) for Employer if not previously submitted:
- Current Tax Clearance Certificate(s) (TC1) for Specialist(s) or his/her employer:

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

Claimants for either Stage I or Stage II must complete this declaration:

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

Name:  Position in the Company:

Completed Claim Forms should be forwarded to your local FÁS Services to Business Office.

## FOR FÁS OFFICE USE ONLY

	Yes	No	
1 Has all the necessary documentation been received?	<input type="checkbox"/>	<input type="checkbox"/>	<b>RECOMMENDED FOR PAYMENT</b> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Name of Training Advisor: <input type="text"/> Signature: <input type="text"/> Date: / /
2 Have the conditions of the scheme been adhered to?	<input type="checkbox"/>	<input type="checkbox"/>	
3 Are there any arrears due to FÁS, if yes give details below?	<input type="checkbox"/>	<input type="checkbox"/>	
4 Expenditure Calculations:			

<b>ELIGIBLE COST</b>			
<b>Stage I: Development of the individualised Retention Strategy</b>	<b>Total Cost</b>	<b>Funding Eligible</b>	<b>For Payment</b>
Other costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Stage II: Implementation of the Retention Strategy</b>			
Other Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Yes	No
<b>AUTHORISED FOR PAYMENT</b>	<input type="checkbox"/>	<input type="checkbox"/>
Name of STB Manager:	<input type="text"/>	
Signature:	<input type="text"/>	
Date:	/ /	
<b>APPROVED FOR PAYMENT?</b>	<input type="checkbox"/>	<input type="checkbox"/>
Name of FASU Staff:	<input type="text"/>	
Grade:	<input type="text"/>	
Signature:	<input type="text"/>	
Date:	/ /	

This Scheme has been developed in consultation with IBEC, ICTU, ISME, CIF, IIF, the Small Firms Association, the Health & Safety Authority, and the Department of Enterprise & Employment. This scheme is funded by the Department of Enterprise, Trade & Employment and supported by the National Development Plan (2000-2006).



**ERGS. Revision No: 0 08/06/05**

