



## DISABILITY AWARENESS SUPPORT SCHEME Grant Claim Form

Please type or print in Block Capitals

Name of Organisation:		App. Ref. No.
		DEASP Use Only
Address:		

### Disability Awareness Training Details

Course Provider: \_\_\_\_\_  
Course Title: \_\_\_\_\_  
Course Venue: \_\_\_\_\_  
Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
No. of Actual Days: \_\_\_\_\_  
No. of participants: \_\_\_\_\_

### Cost of Training

Training Course: € \_\_\_\_\_  
Materials (Max. €650): € \_\_\_\_\_  
**Total:** € \_\_\_\_\_

Has assistance been sought from any other source or scheme in respect of this expenditure?

Yes  No

If yes, state source and give details of any assistance received:

\_\_\_\_\_  
\_\_\_\_\_



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**Please Attach:**

<b>Certificate of Attendance</b>	Signed and stamped by the Course Provider, and giving details of Course Title, Venue & Date(s), and Names & Signatures of Participants
<b>Receipt(s) of payment to Course Provider and supplier(s) of training materials (if these were not supplied by Course Provider)</b>	Showing: Cheque number(s) or other proof of payment (e.g. bank statement(s)) and date(s) of payment to the Course Provider and supplier(s) of training materials
<b>Original invoices</b>	Showing: The total cost of Training Course fees and materials
<b>Current Tax Clearance Certificate or Tax Clearance Access No. (TCAN) for electronic tax clearance, for claimant organisation</b>	DEASP requires this in order to process any payment
<b>Current Tax Clearance Certificate or Tax Clearance Access No. (TCAN) for electronic tax clearance, for Course Provider</b>	DEASP requires this in order to process any payment
<b>Original Electronic Funds Transfer (EFT) Bank Mandate form</b>	So that DEASP can pay you

### DECLARATION

I declare that the information contained in this 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: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Company/Employer Stamp

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## DISABILITY AWARENESS SUPPORT SCHEME Grant Claim Form

Name of Participant	Signature

Use a separate page for additional participants.

I certify that I delivered the above course at the venue and on the date(s) stated and that the above participants attended:

Name: \_\_\_\_\_  
(of Course Provider)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Stamp of Course Provider



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### For DEASP Use Only

Expenditure Calculations	Eligible Costs	Total Cost €	%	Amount Allowed €
	Course Fees			
	Materials			
	Total			

	Yes	No
Is the Claim Form fully completed, signed, stamped and dated by the claimant organisation?		
Is there a Certificate of Attendance with the Claim Form?		
Is proof of payment attached? (Original Invoices and Receipts (with Cheque No: _____ or other proof(s) of payment, clearly showing date(s) of payment)		
Have all of the General Conditions been complied with?		
Has the claimant organisation provided a current Tax Clearance Certificate or TCAN?		
Has the Course Provider provided a current Tax Clearance Certificate or TCAN?		
Has the claimant organisation completed an EFT Bank Mandate form?		
Is any outstanding debt owed to DEASP by the claimant organisation?		
If Yes, give details		

Recommended

Not Recommended

Name of DEASP Case Officer: \_\_\_\_\_

Signature of DEASP Case Officer: \_\_\_\_\_

Date: \_\_\_\_\_



**DISABILITY AWARENESS SUPPORT SCHEME  
Grant Claim Form**

Approved

Not approved

Name of DEASP Divisional AP: \_\_\_\_\_

Signature of DEASP Divisional  
AP: \_\_\_\_\_

Date: \_\_\_\_\_

**Notes:**

- (a) If the answer to any of the questions on the checklist above is No (apart from the debt question), the claim form plus the attached documentation must be returned to the organisation.**
- (b) The claimant organisation's claim form should not be changed or modified by DEASP personnel.**

**This scheme is funded by the Irish Exchequer.**