

APPLICATION FORM

(Please read *Circular 0012/2010* before completing this form)

COMPLETED APPLICATION FORM TO BE SENT TO:
 The Administrator, Teacher Fee Refund Scheme
 Marino Institute of Education
 Griffith Avenue, Dublin 9.

CLOSING DATE FOR RECEIPT OF APPLICATION FORM IS:

31 March 2010

LATE APPLICATIONS WILL NOT BE ACCEPTED

SECTION A

1. PERSONAL DETAILS

Name (block capitals): _____

Teaching Council Registration Number: _____ Teacher Payroll No: _____

Home Address: _____

Telephone No: _____

E-mail: _____

Employment Status: Permanent whole-time Temporary whole-time

Permanent part-time Temporary part-time

Other (please specify) _____

Existing Teaching Qualifications (please give full details):

List all qualifications for which you are currently receiving a salary allowance (please give full details)

_____ Pass Honours

_____ Pass Honours

_____ Pass Honours

2. SCHOOL DETAILS

School Name: _____

Roll No: _____

Address: _____

School Telephone Number: _____

Teaching Subjects (post-primary only) _____

3. REFUND OF FEES CLAIM

Have you made a claim under this scheme in previous years? Yes No

Was your claim successful? Yes No Amount received:

If the answer is yes, please state

(a) Year(s) of Application(s) _____

(b) Official Course Title(s) _____

(c) Course Provider(s): _____

4. DETAILS OF COURSE FOR WHICH APPLICATION IS BEING MADE UNDER CURRENT SCHEME

(i) Official Title of Course: _____

(ii) Qualification to be awarded as a result of successfully completing course
(please tick as appropriate)

Cert Diploma Degree Masters Doctorate

If it is a Primary Degree or a Masters, please indicate if you achieved:

Pass Honours

Accreditation Body: _____

(iii) Is the course recognised under the National Framework of Qualifications?

Yes No

If yes, please state what level _____

Further information available at www.nfq.ie

(iv) Modules/ subjects studied: _____

(v) Course Provider (Institution) _____

(vi) Will the course you are pursuing lead to your gaining an additional monetary allowance?

Yes No

(vii) Please *enclose a statement from the course provider/ institution concerned confirming:*

- a) official title of course
- b) your successful completion of the course or year of course
- c) your actual attendance and participation at the specific course
- d) your examination results

Please note: Confirmation of actual results **must be embossed or officially stamped** by the Examinations Office of the educational institution concerned.

Where you are applying for the **diploma element** of a Masters degree, the application **must be supported by the actual diploma certificate.**

5. DATES OF COURSE:

(i) Duration of Course: _____

(ii) Commencement date of first year of course: Day ___ Month ___ Year ___

(iii) Completion date of final year of course: Day ___ Month ___ Year ___

(iv) Course year for which this application is being made:

Day ___ Month ___ Year ___ to Day ___ Month ___ Year ___

Please note: Applications will only be accepted for courses/part of courses completed in the period 01/09/08 to 31/08/09 (unless you are returning from a career break or unpaid study leave).

6. If you are applying on return to school from a career break or a period of unpaid study leave please state:

(i) Date of commencement of career break/study leave: _____

(ii) Date of return to school: _____

7. COURSE FEE

(i) Course fee paid: € _____ *Enclose original receipt (s).*

(ii) Is your course eligible for tax relief Yes No

Please note: If this course is eligible for tax relief, it will be assumed you have made the relevant claim.

(iii) Are you already in receipt of a payment and/or subsidy from another source (including Revenue) towards the cost of the course fees?

Yes No

10. FORM OF UNDERTAKING

WHEREAS I the undersigned am pursuing/have pursued a course of education covering a term of _____ years leading to _____ as certified by me at Section 4, Section 5 and Section 8 above AND WHEREAS the Minister for Education & Science may accept said course of education as being relevant to my employment in the education sector and the Minister for Education & Science agrees to make a payment to me towards the cost of fees paid by me for said course and that I shall have furnished to the Minister for Education & Science a written statement from the institution concerned certifying that during the relevant academic year or other course period concerned my attendance at or participation in said course of education was satisfactory and that I underwent all relevant examinations and prescribed tests NOW, in consideration of the premises, I hereby undertake that should I leave the education sector before completing therein one year's teaching service in respect of each academic year or corresponding period of said course for which a refund of fees shall have been made to me, such academic years or course periods not to reckon as service in this context, I will repay to the Minister for Education & Science such sum as shall be the amount of the fees in respect of which I shall not have completed a full year or years of service as the case may be as herein before provided. I will also repay to the Minister for Education and Science any sum paid to me under this scheme should it be found that the information provided by me is materially in error.

Signed: _____

Date: _____

11. DECLARATION REGARDING TAX AFFAIRS

Applicants for all grants from State and public authorities are required to give their tax number and confirm that their tax affairs are in order. Accordingly applicants for fee refunds in excess of €600 (in a calendar year) should complete the declaration hereunder and return with the application form.

Note: In a proportion of cases approval may be withheld until the tax number supplied etc. can be checked with the Revenue Commissioners.

DECLARATION

I wish to confirm that, to the best of my knowledge, my tax affairs are in order. I also confirm that should I benefit from tax relief on my course fees under Section 21 of the Finance Act 2000, I will indicate this amount under Section 7(iii) and Section 7(iv) of this form.

My teacher payroll number is: _____

Signed: _____

Date: _____

<p>FAILURE TO DECLARE ALL SUBSIDIES/ALLOWANCES WILL RESULT IN AN APPLICATION BEING DECLARED NULL AND VOID</p>
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SECTION B

TO BE COMPLETED BY THE SCHOOL AUTHORITIES

Teacher's Name: _____ **Teaching Council No:** _____

I hereby verify that the course undertaken by the above teacher will be of benefit to the school and will contribute towards the professional development of the teacher.

Signed: _____
Principal

Date: _____

Counter-signed: _____
CEO/Chairperson of Board of Management/Manager

Date: _____

CHECKLIST (2009 TEACHER FEE REFUND SCHEME)

PLEASE TICK

- (i) Form of undertaking completed and signed
- (ii) Declaration regarding tax affairs signed
- (iii) Original copy of fee receipt(s) enclosed
- (iv) School authorities form signed
- (v) Documentary evidence (embossed or officially stamped by the institution or awarding body) indicating successful completion of course enclosed
- (vi) Copy of Diploma Certificate enclosed (if applicable)
- (vii) All sections of application form completed and signed