



TEACHER FEE REFUND SCHEME 2016

APPLICATION FORM

(Please read *Circular 0005/2017 and 0008/2013* before completing this form)

COMPLETED APPLICATION FORM TO BE SENT TO:
The Administrator, Teacher Fee Refund Scheme
Marino Institute of Education
Griffith Avenue, Dublin D09 R232

CLOSING DATE FOR RECEIPT OF APPLICATION FORM IS:

31 March 2017

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
(excluding the course which is the subject of this application, please give full details)

_____ Pass Honours

_____ Pass Honours
_____ Pass Honours

2. SCHOOL DETAILS

School Name: _____

Roll No: _____

Address: _____

School Telephone Number: _____

Subjects taught (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

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 PG /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 documentary evidence from the course provider/ institution concerned confirming:

- a) official title of the course
- b) your successful completion of the course or year of course
- c) your examination results

A copy of the official transcript will suffice if it meets all of the above requirements.

Where you are applying for the **diploma element** of a Masters degree, the application **must be supported by a copy of the 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 01/09/2015 to 31/08/2016 (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 copy receipt (s).*

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

(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

(iv) Do you propose to apply for a payment or subsidy from another source towards the cost of the course fees in the future?

Yes No

If the answer is yes please indicate (a) the source(s) **and** (b) amount(s)

a) Source(s): _____

b) Amount(s): _____

FAILURE TO DECLARE ALL SUBSIDIES/ALLOWANCES WILL RESULT IN AN APPLICATION BEING DECLARED NULL AND VOID

8. **THIS SECTION MUST BE COMPLETED**

Please state, in specific terms, how you see the course benefiting your school and your own continuing professional development:

9. I confirm that the above information is accurate, complete and correct.

Signed: _____ **Date:** _____

**PLEASE ENSURE THAT YOUR APPLICATION FORM IS FULLY COMPLETED,
SIGNED AND ACCOMPANIED BY ALL RELEVANT DOCUMENTATION**

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 & Skills may accept said course of education as being relevant to my employment in the education sector and the Minister for Education & Skills 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 & Skills 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 & Skills 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 Skills 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 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.

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: _____

**FAILURE TO DECLARE ALL SUBSIDIES/ALLOWANCES WILL RESULT
IN AN APPLICATION BEING DECLARED NULL AND VOID**

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.

Official Title of Course: _____

Course Provider (Institution): _____

*Signed: _____
Principal

Date: _____

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

Date: _____

*** Both signatures are required for the application form to be deemed complete.
p.p. signatures are not acceptable**

If you wish to have your refund paid directly to your bank account please provide your bank account details:

Bank Name: _____

Bank Address: _____

Account Name: _____

Account Number: _____

International Bank Account Number (IBAN) _____

Bank Identifier Code (BIC) _____

CHECKLIST (TEACHER FEE REFUND SCHEME 2016)
PLEASE TICK

- | | | |
|-------|--|--------------------------|
| (i) | Form of undertaking completed and signed | <input type="checkbox"/> |
| (ii) | Declaration regarding tax affairs signed | <input type="checkbox"/> |
| (iii) | copy of fee receipt(s) enclosed | <input type="checkbox"/> |
| (iv) | School authorities form signed | <input type="checkbox"/> |
| (v) | Documentary evidence from course provider indicating successful completion of the course or year of the course | <input type="checkbox"/> |
| (vi) | Copy of Certificate/Diploma/Degree Certificate enclosed | <input type="checkbox"/> |
| (vii) | All sections of application form completed and signed | <input type="checkbox"/> |

PLEASE NOTE:

Only copies of supporting documents are required at time of application and will not be returned unless requested to do so in writing, however MIE and the DES reserve the right to request original documents at any time.

