APPLICATION FOR HOME TUITION FOR THE
2013/2014 SCHOOL YEAR

Please read the following information carefully in conjunction with circular 006/2013 before completing the application form. The circular can be viewed at www.education.ie.

With effect from September 2013, please note that all tutors providing tuition in the Home Tuition Scheme must be registered with the Teaching Council of Ireland.

Home Tuition is for educational intervention only. The provision of therapeutic services such as Speech and Language Therapy, Occupational Therapy, psychological services etc are a matter for the Health Service Executive (HSE). Therefore, Home Tuition grants must not be used under any circumstances to fund these or any other health related supports.

Parents will be required to complete an application form and are requested to pay particular attention to the documentation/information that is required. All relevant parts of this form must be completed in full. Failure to complete the form in full may result in delays. It should be noted that sanction is only available on completion of the full application process which culminates in the issue of an approval letter confirming the date of commencement of the tuition.

All allocations to siblings will be reflective of the school grouping principle. This is where one teacher is allocated to a class of six pupils with children of mixed age and ability at the appropriate educational level, primary or post primary. Accordingly, it is considered appropriate, as in a school situation, that a tutor can provide tuition at the appropriate educational level to more than one sibling at that level simultaneously in the home.

Under the Home Tuition Scheme and the July Programme, where more than one member of the same family qualify under either of the above schemes, a combined allocation will apply.

Section 1 must be completed by all applicants.

Section 2 comprises four subsections only one of which will be appropriate.

- **Section 2(A)(1)** should be completed in respect of children applying for tuition where they have been diagnosed as having a significant medical condition (other than the conditions outlined above) which has or is likely to cause major disruption to their attendance at school on a continuing basis.

- **Section 2(A)(2)** should be completed in respect of children applying for tuition where they have been diagnosed as having School Phobia/Refusal and/or an Anxiety Disorder which has or is likely to cause major disruption to their attendance at school on a continuing basis.

- **Section 2(b)** should be completed in respect of children with Special Educational Needs awaiting an educational placement, as an interim measure, including children with an Autism Spectrum Disorder (ASD), aged from 3 years upwards who cannot access a place in an ASD setting including an early intervention class.

- **Section 2(c)** should be completed in respect of children aged between 2 ½ years and 3 years of age (who have been assessed as having Autistic Spectrum Disorder based on the DSM IV or ICD 10 criteria).
It should be noted that parents/guardians of children seeking early intervention must supply all relevant information to the NCSE – including all psychological and any other professional reports on the child, so that the planning process for the child’s future educational provisions can start at the earliest opportunity.

The State supports early intervention for children with special educational needs through providing funding to a number of crèche/pre-school settings. The intention is over time to support a single early intervention setting structure. In the meantime, subject to availability of service outlined in the Home Tuition circular and where applicants meet the eligibility criteria for support, parents can access one or more of the early intervention settings detailed in the circular. The maximum number of hours which can be availed of under the above schemes is 20 hours per week. Allocations made under the Home Tuition Scheme will be reduced to reflect attendance in another early intervention setting.

Contact details for the Special Educational Needs Organiser (SENO) are available on www.ncse.ie.

The declaration on page 11 must be completed in respect of each application.

As tuition takes place outside the usual school structure it is important that home tutors are qualified to provide an educational programme. Accordingly, it is a condition of the scheme that parents must recruit a fully qualified teacher who is registered with the Teaching Council of Ireland. Parents for whom this causes a difficulty may contact the Department directly for assistance – see contact details under Section 10 of this Circular.

To be eligible for the qualified rate of payment, a teacher must be registered and recognised by the Teaching Council of Ireland in the sector in with the tuition is being provided.

Parents/Guardians are not permitted to act as tutors for their children.

Home tuition funding is only available on completion of the full application process which culminates in the issue of an approval letter confirming the date of commencement of the tuition. Consequently, no arrangements should be entered into with tutors in anticipation of funding until confirmation of sanction has been granted by the Department and payment will not be made in respect of tuition given before approval. Parents/Guardians are advised that under no circumstances will home tuition funding be back-dated.

All tutors must be vetted prior to commencing the delivery of tuition.

- Tutors who are currently registered and vetted with the Teaching Council will be required to supply such details in the application form. Tutors registered with the Council who have not been vetted in the current or previous calendar year are required to complete the vetting process again. These tutors will need to request a Garda Vetting application form online via the Teaching Council website (http://www.teachingcouncil.ie/applying-to-register/request-for-garda-vetting-application-form.1569.html) or by emailing vetting@teachingcouncil.ie and providing their full name and postal address. Alternatively, they may call the Teaching Council at 01 6517900.

- Tutors who have been vetted by the Teaching Council in the current or previous calendar year need not reapply for vetting. However, such tutors must provide the Teaching Council’s Garda vetting result letter to the parent/legal guardian and to the Department of Education and Skills.

- All tutors must also return a completed Statutory Declaration* (Appendix 1) and the Form of Undertaking (Appendix 2) to the Department of Education and Skills.

- *Please note that a Statutory Declaration submitted to the Department in the context of the Home Tuition Scheme or the July Provision is regarded as currently valid if made in the same or previous calendar year. In such circumstances, a copy of this document will suffice.
Teachers registered with the Teaching Council must grant permission to the Teaching Council for their details to be displayed on the website of Teaching Council in order for this Department to verify that teachers have current registration. This is done by sending notification to the Teaching Council. Further information is available from www.teachingcouncil.ie

- It should be noted that the following periods will not be covered for payment for any pupil availing of the Home Tuition Scheme:
  - October 2013 mid-term break: 28th October 2013 to 1st November 2013 inclusive
  - Christmas 2013: 23rd December 2013 to 3rd January 2014 inclusive
  - February 2014 mid-term break: 17th February 2014 to 21st February 2014 inclusive
  - Easter 2014: 14th April 2014 to 25th April 2014 inclusive
  - Bank Holidays: All bank holidays which fall within the school year

It should be noted that Home Tuition cannot be delivered at the weekend (Saturday and Sunday).

Tutors and parents should note that any information submitted to this Department in relation to this Home Tuition Scheme including all payment details issued as a result of any claims made may be forwarded to the Revenue Commissioners and to other Government Departments and State Agencies.
**SECTION 1: PERSONAL DETAILS**  
(To be completed by Parents/Guardian)

<table>
<thead>
<tr>
<th>Name of Pupil:</th>
<th>______________________</th>
<th>Date of Birth: ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupil PPS number:</td>
<td>______________________</td>
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</tbody>
</table>

Has your child previously received home tuition?  
Yes ☐  
No ☐

Are any of your other children in receipt of home tuition?  
Yes ☐  
No ☐

If yes, please provide all relevant names and dates of birth:

<table>
<thead>
<tr>
<th>Home Address:</th>
<th>____________________________________________________________</th>
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<tr>
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<td>____________________________________________________________</td>
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<table>
<thead>
<tr>
<th>Name of Parent/Guardian:</th>
<th>____________________________________________________________</th>
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</thead>
<tbody>
<tr>
<td>Parent PPS number:</td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td>Telephone No:</td>
<td>____________________________________________________________</td>
</tr>
<tr>
<td>Email Address:</td>
<td>____________________________________________________________</td>
</tr>
</tbody>
</table>

**FOR COMPLETION BY PROPOSED TUTOR**

Please give details of current or proposed home tuition programme:

<table>
<thead>
<tr>
<th>Tutor Name:</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
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<tr>
<td>Telephone No:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching Council of Ireland No.</td>
<td></td>
<td></td>
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<tr>
<td>Qualifications:</td>
<td></td>
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<tr>
<td>School Roll No:</td>
<td></td>
<td></td>
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<tr>
<td>Tutor’s PPS number:</td>
<td></td>
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</tbody>
</table>

Tutor must give details of other children to whom he/she is delivering tuition under the Home Tuition Scheme:  
__________________________________________________________

Where a tutor intends to provide Home Tuition to 2 or more children, further details will be required before approval is given for the tuition to commence.

Tutors Signature:  
_________________________  
Date:  ______________
SECTION 2: COMPRISSES 3 SUBSECTIONS ONLY ONE OF WHICH MUST BE COMPLETED BY EACH APPLICANT (A), (B) OR (C)

SECTION 2 (A)(1): MEDICAL DETAILS - TO BE COMPLETED BY THE CHILD’S DOCTOR

Name of child: __________________________________________________________

Child’s medical condition: __________________________________________________

________________________________________________________________________

Will this medical condition, in your opinion, continue to result in recurring disruptions for long periods to the child’s school attendance?

(1) During the current school year?        Yes ☐        No ☐

(2) In subsequent school years?        Yes ☐        No ☐

(3) Estimate length of time absence is likely to occur: __________________________

Name of Doctor: __________________________________________________________

Address: __________________________________________________________________

________________________________________________________________________

Phone No: __________________________

Doctor’s Signature: __________________________ Date: __________________________

TO BE COMPLETED BY SCHOOL PRINCIPAL

Is the child currently enrolled in the school? Yes ☐ No ☐

If yes, state class level / year: __________________________

Name of School: __________________________ School Roll No: __________________________

Address: __________________________

Telephone Number: __________________________ Email Address: __________________________

Number of Days on which: 2012/2013 Sept 2013 to Date

(a) the school was open:

(b) the child attended:

   

Please confirm that all of the absences listed above were as a result of the medical condition stated on the application for Home Tuition. Yes ☐ No ☐

If not, please give details______________________________________________________________

Signature of School Principal: __________________________ Date: __________________________

School Stamp: __________________________

5
**SECTION 2 (A)(2): MEDICAL DETAILS – APPLICATIONS ON THE BASIS OF SCHOOL PHOBIA/REFUSAL AND OTHER ANXIETY BASED DISORDERS**

Name of child: ____________________________________________________________

Child's medical condition:___________________________________________________
_________________________________________________________________________

Will this medical condition, in your opinion, continue to result in recurring disruptions for long periods to the child's school attendance?

(1) During the current school year? Yes □ No □

(2) In subsequent school years? Yes □ No □

(3) Estimate length of time absence is likely to occur: ____________________________

Name of Doctor:  __________________________________________________________

Address:  _________________________________________________________________
_________________________________________________________________________

Phone No:  _________________________________________________________________

Doctor’s Signature: _____________________________ Date: _______________________

Please refer to Section 4(a) of the Circular – this form must be accompanied by a separate report from a psychologist/psychiatrist which should clearly confirm the specific diagnosis and the reason for same and which should include details of the plans in place to remedy the situation.

**TO BE COMPLETED BY SCHOOL PRINCIPAL**

Is the child currently enrolled in the school? Yes □ No □

If yes, state class level / year: _______________________________________________

Name of School: ________________________ School Roll No: _______________________

Address:  _________________________________________________________________

Telephone Number: __________________________ Email Address:____________________

<table>
<thead>
<tr>
<th>Number of Days on which:</th>
<th>2012/2013</th>
<th>Sept 2013 to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) the school was open:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) the child attended:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please confirm that all of the absences listed above were as a result of the medical condition stated on the application for Home Tuition. Yes □ No □
Please outline details of any collaboration between the school, parents and relevant health professionals in relation to ongoing efforts to reintegrate the child into the school setting:

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

Please give details of any interaction with NEPS, NEWB and the outcome of same

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________

Signature of School Principal: ______________________________ Date: ______________________________

School Stamp: ______________________________
SECTION 2 (B): To be completed in respect of children with Special Educational Needs who are awaiting an educational placement including children with an Autism Spectrum Disorder (ASD), aged from 3 years upwards, who cannot access a place in an ASD setting including an early intervention class.

Name of child: _____________________________________________________________

Reason child is not attending school: _________________________________________

I confirm that there is no early intervention/school placement available for my child currently. I have consulted with National Council for Special Education with regard to sourcing an educational placement and supplied all the relevant associated reports to the NCSE.

Where an educational placement has been identified by the NCSE and it is decided not to avail of the proposed placement the child will not be eligible for tuition during the 2013/2014 school year.

For early intervention children, please outline details of any resources or funding which the applicant is in receipt of in respect of the following:

- Early Intervention settings attached to mainstream and special schools
- Early Intervention settings attached to HSE funded service providers.
- Private pre-school settings supported by the Early Childhood Care & Education Scheme.
- Private pre-school settings supported by HSE grant aid or HSE funded Pre-School Assistant.

It should be noted that the maximum number of hours which can be availed of under the above schemes is 20 hours per week. Allocations made under the Home Tuition Scheme will be reduced to reflect attendance in another early intervention setting (as outlined above).

To be completed by the parent if the child is in receipt of any of the above.

Is the child currently in receipt of any of the above supports: Yes ☐ No ☐

If yes, please provide the following information.

Number of hours per week: ________________________________

Details of facility or supports received: ____________________________

Name and address of facility: _________________________________

Contact telephone number for facility: __________________________

Email Address: ___________________________ Website Address: __________________________

Details of the school in which the child is to be enrolled must be forwarded to the Department by December of the school year in which the child turns 5 years of age.

(Please enclose most recent psychological / other relevant professional reports, if not already submitted to the Department).

Signature of parent /guardian: ________________________________________________

It should be noted that regular reports will be requested on the up-to-date position regarding placement during the year. Where an educational placement has been identified by the NCSE and it is decided not to avail of the proposed placement the child will not be eligible for tuition during the 2013/2014 school year.
To be completed by Special Educational Needs Organiser (SENO):

Section 2 B continued from previous page

I confirm that there is currently no educational placement available to ______________________ (name of child) Furthermore, I have been furnished with relevant assessments/reports to assist the NCSE with identifying an educational placement.

There will be a placement available in:

________________________________________ (School) ____________________________ (Roll Number)

From the following date: __________________________

Address: _______________________________________

_____________________________________

_____________________________________

_____________________________________

Expected commencement date: __________________________

Signed By SENO: ___________________________ Date: ___________________________
SECTION 2 (C): Children aged between 2 ½ years and 3 years of age (who have been assessed as having Autistic Spectrum Disorder based on the DSM IV or ICD 10 criteria) Copies of recent professional reports should be attached. Please note that a diagnosis stating a child has autistic traits is not acceptable in this context.

Name of child: ______________________________________________________________  

I confirm that I have consulted with National Council for Special Education with regard to sourcing an educational placement when my child reaches their third birthday, and supplied all the relevant associated reports to the NCSE. Where an educational placement has been identified by the NCSE and it is decided not to avail of the proposed placement the child will not be eligible for tuition during the 2013/2014 school year.

Please outline details of any resources or funding which the applicant is in receipt of in respect of the following:

- Early Intervention settings attached to mainstream and special schools
- Early Intervention settings attached to HSE funded service providers.
- Private pre-school settings supported by the Early Childhood Care & Education Scheme.
- Private pre-school settings supported by HSE grant aid or HSE funded Pre-School Assistant.

It should be noted that the maximum number of hours which can be availed of under the above schemes is 10 hours per week. Allocations made under the Home Tuition Scheme will be reduced to reflect attendance in another early intervention setting (as outlined above).

To be completed by the parent if the child is in receipt of any of the above.

Is the child currently in receipt of any of the above supports: Yes ☐ No ☐

If yes, please provide the following information.

Number of hours per week: ____________________________________________________

Details of facility or supports received: _________________________________________

Name and address of facility: _________________________________________________

Contact telephone number for facility: _________________________________________

Email Address: ___________________________ Website Address: ______________________

Details of the school in which the child is to be enrolled must be forwarded to the Department by December of the school year in which the child turns 5 years of age.

Signature of parent/guardian: ________________________________________________

To be completed by Special Educational Needs Organiser (SENO):

I have been furnished with relevant assessments/reports to assist the NCSE with identifying an educational placement.

There will be a placement available in: ______________________ (School) __________ (Roll Number)

From the following date: ______________________________________________________

Address: ____________________________________________________________________

Expected commencement date: ________________________________________________

Signed By SENO: ___________________________ Date: __________________________
I consent to have this application form and any associated documents considered by the Department of Education and Skills or any nominee of the Department of Education and Skills if this is considered appropriate by the Department. In addition I consent to have ___________________(child’s name) assessed by a psychologist nominated by the Department should the Department consider it necessary.

Applications for Home Tuition are accepted in the knowledge that information supplied including PPSN will be shared between the HSE, NCSE, Office for Minister Children & Youth Affairs and the Department of Education and Skills to ensure that duplicate funding does not occur.

Signed:________________________________________________________

(1) I DECLARE THAT THE INFORMATION CONTAINED IN THIS FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE.
(2) I HAVE CAREFULLY READ AND UNDERSTAND CIRCULAR AND PAGES 1 2 & 3 OF THIS FORM.

Signature of Parent / Guardian: ________________________________

Relationship to Pupil: _______________________________________

Date: _______________________________________________________

COMPLETED FORMS SHOULD BE RETURNED TO THE FOLLOWING ADDRESS:

Home Tuition Unit,
Special Education Section,
Department of Education and Skills,
Cornamaddy,
Athlone,
Co. Westmeath.

Data Protection

The Department of Education and Skills will treat all personal data you provide on this form as confidential and will use it solely for the purpose intended. The information will only be disclosed as permitted by law or for the purposes listed in the Departments registration with the Data Protection Commissioner - REF 10764/A.

If the information you have provided is to be used for purposes other than outlined in the Departments registration with the Data Protection Commissioner your permission will be sought here.
Appendix 1

In order to comply with child protection guidelines the following child protection related Statutory Declaration must be provided by all persons being appointed as home tutors. A Statutory Declaration is regarded as valid if made in the same or previous calendar year. This form must be witnessed by a Practising Solicitor/Commissioners for Oaths/Notary Public/Peace Commissioner

Statutory Declaration

This statutory declaration must be completed prior to a person being appointed to deliver home tuition.

"I___________________________of, _____________________________________
____________________________________________________________________
in the county of _________________________ aged eighteen years and upwards do SOLEMNLY AND SINCERELY DECLARE as follows:-

that to the best of my knowledge and belief there is nothing, from a child protection perspective, in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in which I would be placed in relation to children or vulnerable adults by virtue of my appointment to deliver home tuition.

Within a child protection context:

- I hereby confirm my irrevocable consent to the parents of the child by whom I have been nominated to deliver home tuition to the making of such enquiries as they deem necessary in respect of my suitability to deliver home tuition.

- I hereby accept and confirm the entitlement of the parent/guardian of the child I am delivering tuition to reject my application or terminate my delivery of the tuition if I have omitted to furnish the parent/guardian of the child to whom I am delivering home tuition with any information relevant to my application for the position as a home tuition provider.

- I understand that any false or misleading information submitted by me in relation to my application to deliver home tuition for the child in question will render me liable to automatic disqualification or render me liable to automatic termination of my role as a home tutor.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act 1938."

Signed:_______________________________________ Date: ______________________
Home Tutor

Print Name:____________________________________

Declared before me [name in capitals] a [notary public][commissioner for oaths][peace commissioner] [practising solicitor]by___________________________________
*who is personally known to me, or
who is identified to me by ___________________ who is personally known to me,

Or
*whose identity has been established to me before the taking of this Declaration by the production to me of passport no. [passport number] issued on [date of issue] by the authorities of [issuing state], which is an authority recognised by the Irish Government

Or
National identity card no.[identity card number] issued on [date of issue] by the authorities of [issuing state] [which is an EU Member State, the Swiss Confederation or a Contracting Party to the EEA Agreement]

Or
[Aliens Passport no. (document equivalent to a passport)[passport number] issued on [date of issue] by the authorities of [issuing state] which is an authority recognised by the Irish Government]

Or
Refugee travel document no. [document number] issued on [date of issue] by the Minister for Justice, Equality and Law Reform

Or
Travel document (other than refugee travel document) [document no.] issued on [date of issue] by the Minister for Justice, Equality and Law Reform

at

in the City/ County of

on the____________day of_______________ 20__

*Practising Solicitor / Commissioner for Oaths / Notary Public / Peace Commissioner
* Delete as appropriate

Note: Further information in relation to Commissioners for Oaths and Peace Commissioners is available on www.citizensinformation.ie
Form of Undertaking

I confirm that, since the date on which I signed the attached statutory declaration, to the best of my knowledge and belief there is nothing, from a child protection perspective, in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in relation to children or vulnerable adults in which I would be placed by virtue of my position as a tuition provider to _______________________________ (name of child).

I also undertake to inform the parents of the child to whom I am delivering Home Tuition of any changes to the above stated position that may affect my suitability, from a child protection perspective, for continuing in the role as a tutor for the Home Tuition Programme.

I acknowledge and understand that any false or misleading confirmation as to my conduct, character or personal background or any failure of mine to inform the parent of the child to who I am delivering the Home Tuition Programme may affect my suitability, from a child protection perspective, will constitute a breach as my role as a tutor for the Home Tuition Programme and may be grounds for summary dismissal by the parent/guardian.

Please complete the following:

I am a qualified teacher and have not been vetted by the Teaching Council; I have applied to the Council to be vetted.

Yes □ No □

I am a qualified teacher and have been vetted by the Teaching Council since 2012. I have attached a certified copy of this letter with the application.

Yes □ No □

Signed Tutor: ______________ Date:____________

Print Name: ________________________

Witnessed by: ________________________ Date:____________
(Parent/ Guardian)

Print Name: ________________________