APPLICATION FOR HOME TUITION FOR THE 2014/2015 SCHOOL YEAR

Please read the following information carefully in conjunction with circular 0048/2014 before completing the application form. The circular can be viewed at www.education.ie.

A Guide to Completing the Form

Section 1 must be fully completed by all applicants. The tutor should fully complete the relevant part of the form and must provide details of the programme to be delivered.

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

- **Section 2(A)(1)** should be completed in respect of pupils who are enrolled in a school and on whose behalf an application for tuition is being made where they have been diagnosed as having a significant medical condition which has or is likely to cause major disruption to their attendance at school on a continuing basis. Please note the requirement for a portion of the application form to be completed by the Principal of the school in which the pupil is enrolled.

- **Section 2(A)(2)** should be completed in respect of pupils who are enrolled in a school and on whose behalf an application for tuition is being made where they have been diagnosed as having School Phobia and/or associated depression/anxiety which has or is likely to cause major disruption to their attendance at school on a continuing basis. Please note that applications under this strand of the scheme must be accompanied by a separate report from a Psychologist/Psychiatrist which should clearly confirm the diagnosis and the reason for the pupil’s absence. The school in which the pupil is enrolled is also required to fully complete the relevant section of the form. Details of the intervention plans in place to reintegrate the pupil back into his/her school must also be submitted by the parents and the school. The Department may seek updated reports during the course of the year.

- **Section 2(b)** should be completed in respect of children with Special Educational Needs seeking an educational placement, as an interim measure, including children who have been assessed with an Autism Spectrum Disorder (ASD) based on the DSM IV or DSM V or ICD 10 criteria, aged from 3 years upwards who cannot access a school placement.

- **Section 2(c)** should be completed in respect of children aged between 2 ½ years and 3 years of age (who have been assessed with an Autism Spectrum Disorder based on the DSM IV or DSM V or ICD 10 criteria).

The declaration on page 10 must be completed by the parent/guardian in respect of each application.

Please note that each application must be accompanied by the Statutory Declaration Form and the Form of Undertaking (Appendices 1 & 2 respectively of the application form).

Please also note that once the application is approved, only the parent/guardian who has signed the form and whose name appears on the letter of sanction will be in a position to make the claim for/receive information in relation to the payment. Both parents/guardians therefore can sign the form if they so wish. This is to comply with Data Protection legislation.
Where an application is received from persons other than the parent of the child in question, it must include confirmation of guardianship, such as a placement order from HSE/TUSLA or a court order.

Teachers must grant permission to the Teaching Council for their details to be accessible on the website of the Teaching Council in order for this Department to verify that teachers have current registration. Further information is available on 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 2014 mid-term break:** 27th October 2014 to 31st October 2014 inclusive
  - **Christmas 2014:** 22nd December 2014 to 2nd January 2015 inclusive
  - **February 2015 mid-term break:** 16th February 2015 to 20th February 2015 inclusive
  - **Easter 2015:** 30th March 2015 to 10th April 2015 inclusive
  - **Bank Holidays:** All bank holidays which fall within the school year

It should also be noted that Home Tuition should reflect the school day (9am – 6 pm). Therefore, Home Tuition should not take place during school holidays, bank holidays and weekends.

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 will be forwarded to the Revenue Commissioners under current legislation and may be forwarded to other Government Departments and State Agencies.
SECTION 1: PERSONAL DETAILS
(To be completed by Parents/Guardian)

Name of Pupil: ___________________ Date of Birth: ___________________

Pupil PPS number: ___________________

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?

_________________________________________________________

Home Address: __________________________________________________

_________________________________________________________

Name of Parent/Guardian: _____________________________________________

Parent PPS number: _________________________________________________

Telephone No: _______________________________________________________

Email Address: _____________________________________________________

FOR COMPLETION BY PROPOSED TUTOR (PLEASE NOTE THAT ALL TUTORS MUST BE REGISTERED WITH THE TEACHING COUNCIL OF IRELAND)

Please give details of current or proposed home tuition programme:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Tutor Name: __________________________

Address : ___________________________________________________________

Telephone No : _______________________________________________________

Teaching Council of Ireland No. ____________________________

Qualifications : _______________________________________________________

School Roll No: ____________________________

Tutor’s PPS number: ____________________________

Are you delivering tuition under the Home Tuition Scheme to other children?

Yes ☐ If yes, please indicate no. of children ☐ No ☐

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.

Are you in receipt of a Public Service Pension: Yes ☐ No ☐

Tutors Signature: ____________________________ Date: _____________
SECTION 2:
SECTION 2 (A)(1):  TO BE COMPLETED BY SCHOOL PRINCIPAL

Name of child: ____________________________________________________________
Child's medical condition:__________________________________________________________

Is the child currently enrolled in the school?  Yes ☐  No ☐
If yes, state class level / year: ________________________________
Is the child currently in receipt of resources:  Yes ☐  No ☐
Please give details__________________________________________________________________

Name of School:  _____________________________ School Roll No: ________________
Address:  ______________________________________________________________________
Telephone Number:  _______________________
Email Address: _____________________________

<table>
<thead>
<tr>
<th>Number of Days on which:</th>
<th>2013/2014</th>
<th>Sept 2014 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 ☐
If not, please give details_____________________________________________________________

Signature of School Principal: _____________________________ Date: ________________
School Stamp: ________________________________

MEDICAL DETAILS - TO BE COMPLETED BY THE CHILD’S DOCTOR

Will this 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) Please give an estimate of the length of absence: ________________________________

Name of Doctor: __________________________________________________________
Address:  ________________________________________________________________
Phone No:  ________________________________________________________________
Doctor’s Signature: _____________________________ Date: ____________________________
SECTION 2 (A)(2): MEDICAL DETAILS – APPLICATIONS ON THE BASIS OF SCHOOL
PHOBIA AND/OR ASSOCIATED DEPRESSION/ANXIETY

TO BE COMPLETED BY SCHOOL PRINCIPAL

Name of child: ____________________________________________________________

Child’s medical condition:___________________________________________________

__________________________________________________________

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

Is the child currently in receipt of resources: Yes □ No □

Please give details________________________________________________________

If yes, state class level / year: _____________________________________________

Name of School: _____________________________ School Roll No: _________________

Address: __________________________________________________________________

Telephone Number: __________________________ Email Address: __________________

Number of Days on which: ___________________________________________________

<table>
<thead>
<tr>
<th>(a) the school was open:</th>
<th>2013/2014</th>
<th>Sept 2014 to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(b) the child attended:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></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, TUSLA and the outcome of same

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of School Principal: ___________________________ Date: _________________

School Stamp: ___________________________  Continued on Page 6
SECTION 2 (A)(2): MEDICAL DETAILS – APPLICATIONS ON THE BASIS OF SCHOOL PHOBIA AND/OR ASSOCIATED DEPRESSION/ANXIETY

TO BE COMPLETED BY THE CHILD’S PSYCHOLOGIST/PSYCHIATRIST

Diagnosis of child’s medical condition: ________________________________

Are the absences stated above as a direct result of this stated medical condition?  Yes ☐  No ☐

Will this 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 Psychologist/Psychiatrist: ________________________________________________

Address: _______________________________________________________________________

_____________________________________________________________________________

Phone No: _____________________________________________________________________

Psychologist’s/Psychiatrist’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 diagnosis, the specific reason for the pupil's absence and full details of the intervention plans in place to reintegrate the pupil back into his/her school.
SECTION 2 (B): To be completed in respect of children with Special Educational Needs who are seeking 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: _____________________________________________________________

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 2014/2015 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 (ECCE) 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/guardian 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.

Continued on page 8
Section 2 (B) continued from previous page

To be completed by Special Educational Needs Organiser (SEN0):

Please note that this form should only be completed by the SEN0 where there is no school placement available to the child.

I confirm that the parent/guardian has provided me with documentary evidence of the schools that they already applied to and pursued for placements for the child in question    Yes ☐ No ☐

I have been furnished with the relevant assessments/reports to assist the NCSE with identifying for the parent a school placement and I can also confirm that the child meets the criteria for eligibility for resources    Yes ☐ No ☐

The child has a diagnosis of ________________________________

I confirm that there is currently no educational placement available to ____________________________ (name of child)

There will be a placement available in:

_________________________________________ (School) ________________ (Roll Number)

From the following date: ________________

Address: ____________________________________________

__________________________________________

__________________________________________

__________________________________________

Expected commencement date: _______________________

Signed By SEN0: ___________________________        Date: ___________________________

Please note that this form will not be signed by the SEN0 where a school placement is available.
SECTION 2 (C): Children aged between 2 ½ years and 3 years of age with an Autism Spectrum Disorder based on the DSM IV or DSM V or ICD 10 criteria. Please note that a diagnosis stating that 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 for 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 for the remainder of the 2014/2015 school year from the date on which they reach 3 years old.

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 (ECCE).
- 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: _______________________

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

I have been furnished with the relevant assessments/reports to assist the NCSE with identifying a school placement and I can also confirm that the child meets the criteria for eligibility for resources Yes ☐ No ☐

The child has a diagnosis of ______________________________________

There will be a placement available in: ___________________________ (School) _____________ (Roll Number)

From the following date: ________________________________

Address: _____________________________________________

Expected commencement date: ______________________________

Signed By SENO: ___________________________ Date: ________________
**DECLARATION**

(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 AND 2 OF THIS FORM.

(3) 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, DEPARTMENT OF CHILDREN AND YOUTH AFFAIRS AND THE DEPARTMENT OF EDUCATION AND SKILLS TO ENSURE THAT DUPLICATE FUNDING DOES NOT OCCUR.

<table>
<thead>
<tr>
<th>Signature of Parent / Guardian:</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to Pupil:</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
</tr>
</tbody>
</table>

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 - To be completed by all tutors providing Home Tuition

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 [website]
Appendix 2

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 currently registered with the Teaching Council of Ireland  Yes  ☐  No  ☐

Is your registration status conditional?  Yes  ☐  No  ☐

If so, on what date is your registration due to expire?  Yes  ☐  No  ☐

My application for registration with the Teaching Council of Ireland has been accepted (please provide evidence)  Yes  ☐  No  ☐

I am currently vetted by the Teaching Council of Ireland (i.e. in the current or previous school year)  Yes  ☐  No  ☐

I have applied to the Teaching Council of Ireland for vetting  Yes  ☐  No  ☐

Signed
Tutor: __________________________  Date: __________________________

Print Name: _______________________

Witnessed by: ______________________  Date: ______________________
(Parent/Guardian of above named child)

Print Name: _______________________
(Parent/Guardian of above named child)