



APPLICATION FOR HOME TUITION FOR THE 2015/2016 SCHOOL YEAR

Please read the following information carefully in conjunction with circular 0038/2015 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 two subsections **only one of which will be relevant for pupils with a significant medical condition**

- **Section 2(A)** 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(B)** 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 full report from a Psychologist/Psychiatrist which should clearly confirm the diagnosis, the specific reason for the pupil's absence and full details of the plans in place to reintegrate the pupil back into his/her school including collaboration between the relevant support agencies. The school in which the pupil is enrolled is also required to fully complete the relevant section of the form. The Department may seek updated reports during the course of the year.

Section 3 comprises two subsections **only one of which will be relevant for children with Special Educational Needs**

- **Section 3 (A)** 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 3 (B)** 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 11 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:**

<u>October 2015 mid-term break:</u>	26th October 2015 to 30th October 2015 inclusive
<u>Christmas 2015:</u>	23rd December 2015 to 5th January 2016 inclusive
<u>February 2016 mid-term break:</u>	15th February 2016 to 19th February 2016 inclusive
<u>Easter 2016:</u>	17th March 2016 to 1st April 2016 inclusive
<u>Bank Holidays:</u>	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 and Tutor)

Name of Pupil: _____

Date of Birth: _____

Pupil PPS number: _____

Gender: Male Female

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: _____

_____ Postcode _____

Name of Parent/Guardian: _____

Parent/Guardian PPS number: _____

Parent/Guardian Gender: Male Female

Telephone No: _____

Email Address: _____

SECTION 1 (CONTD.)
FOR COMPLETION BY PROPOSED TUTOR

(PLEASE NOTE THAT ALL TUTORS MUST BE REGISTERED WITH THE TEACHING COUNCIL OF IRELAND)

Tutor Name:	
Tutor's PPS number:	
Date of Birth:	
Gender:	
Address :	
Postcode:	
Email Address:	
Telephone No :	
Teaching Council of Ireland No.	
Qualifications :	

Please give details of proposed home tuition programme:

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 payment of a Public Service Pension: Yes No

Tutors Signature: _____ Date: _____

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

SECTION 2:

SECTION 2 (A): MEDICAL - TO BE COMPLETED BY SCHOOL PRINCIPAL & CHILD'S DOCTOR

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: _____ Postcode _____

Telephone Number: _____ Email Address: _____

Number of Days on which:	2014/2015
(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:

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

Child's Medical Condition _____

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: _____ Postcode _____

Phone No: _____

Doctor's Signature: _____ Date: _____

**SECTION 2 (B): 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: _____ Postcode _____

Telephone Number: _____ Email Address:: _____

Number of Days on which: <i>(a) the school was open:</i>	2014/2015
<i>(b) the child attended:</i>	

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: _____

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**SECTION 2 (B): 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: _____

_____ **Postcode** _____

Phone No: _____

Psychologist's/Psychiatrist's Signature: _____ **Date:** _____

Please refer to Section 3(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 3 (A): 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 2015/2016 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.

Allocations made under the Home Tuition Scheme will be reduced to reflect attendance in another early intervention setting (as outlined above).

It should be noted that the combined maximum number of hours which can be availed of under the above schemes is 20 hours per week.

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: _____ Postcode _____

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.

Section 3 (A) continued from previous page

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

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

Child's Name _____

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

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

From the following date: _____

Address: _____

_____Postcode _____

Expected commencement date: _____

Signed By SENO: _____ **Date:** _____

Please note that this form will not be signed by the SENO where a school placement is available.

SECTION 3 (B): 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 2015/2016 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: _____ Postcode _____

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: _____ Postcode _____

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.

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 - 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

me, *who is identified to me by _____ who is personally known to

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

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

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)