Foras Áiseanna Saothair
Training & Employment Authority

# Personal Reader Grant
# APPLICATION FORM

Name of Applicant: …… P.P.S No.: ……

Address:……

……

……

D.O.B.: ……../……../……..

Details of Disability: ……

……

……

Start Date of Employment: ……

Company Name: ……

Company Address: ……

……

……

Tel No.: ……

Company Contact Person: ……

Name of Reader: ……

Address: ……

……

……

Signature of Reader: ……

| Please give details why a Personal Reader Grant is required: |
|---|
| |

Signature of Applicant: ……

Date: ……/……/……

**Note:** Completed form should be forwarded to your local FÁS Office.



NDP

EIQA QUALITY CERTIFIED