



Foras Áiseanna Saothair  
Training & Employment Authority

# DISABILITY AWARENESS TRAINING SUPPORT SCHEME Grant Application Form

**All sections must be completed. Please type or print in block capitals.**

**Please refer to general conditions of the scheme when completing this form.**  
(To be completed for each Training Programme undertaken.)

App. Ref. No.
FÁS Use Only

**NOTE: Training for which a grant is being sought must not have commenced prior to approval.**

## Organisation Details

Name of Organisation:	
Address:	
Name of MD or Chief Executive:	
Telephone:	
Fax number:	
Email:	
Web address:	
Total Number Employed:	
Please outline main business of the organisation:	

**Is the organisation a Branch, part of a Group, or a Subsidiary of a Holding Company?**

Yes  No

*If Yes, please specify*

Name:	
Address:	
Activity:	
Employment Numbers:	

Organisation's Stamp

**DATSS. Revision No: 0 08/06/05**



**Job Category** (Tick where appropriate) – Continue on separate pages if necessary

Participant's Name	Management			Operative			Under 25			Over 25		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total
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**Course Details**

Course Title:		
Course Dates	From: _____ To: _____	No. of Training Days _____
Is this Programme Certified? (Please check box <input checked="" type="checkbox"/> ) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Certifying Body:		
Course Venue:		
Address:		
Telephone:		
Fax Number:		
Email:		
Web:		
Trainer Organisation/Provider:		
FÁS Registration No.:		
Address:		
Telephone:		
Fax Number:		
Email:		
Web:		
<b>Total Course Fee (€):</b>		<b>Total Cost (€):</b>

PLEASE RETURN COMPLETED GRANT APPLICATION FORM TO YOUR FÁS REGIONAL SERVICES TO BUSINESS OFFICE AND SUBMIT DETAILS OF TRAINING PROGRAMME WITH THIS APPLICATION

THE ORGANISATION HAS TWO MONTHS AFTER THE TRAINING IS COMPLETED IN WHICH TO CLAIM. IF THE GRANT IS NOT CLAIMED WITHIN THAT PERIOD IT WILL LAPSE WITHOUT FURTHER NOTIFICATION TO THE COMPANY.

**FÁS or its agents will have access to the firm's financial records relevant to this application.**

Signed \_\_\_\_\_  
Position in Organisation \_\_\_\_\_ Date: \_\_\_\_\_

**DATSS. Revision No: 0 08/06/05**



## DISABILITY AWARENESS TRAINING SUPPORT SCHEME Grant Application Form

### For FÁS Use only

	Yes	No
Has the applicant fully and properly completed the application form?	<input type="checkbox"/>	<input type="checkbox"/>
Are the training needs clearly identified and linked to a business plan or strategy, using the organisation's training plan?	<input type="checkbox"/>	<input type="checkbox"/>
Is the plan on the FÁS File?	<input type="checkbox"/>	<input type="checkbox"/>
Has the application form been date stamped on receipt by the Services to Business manager?	<input type="checkbox"/>	<input type="checkbox"/>
Has an application approval letter been sent out to the applicant organisation prior to the course start date?	<input type="checkbox"/>	<input type="checkbox"/>
If the grant value is €7600 or more, are three tenders available?	<input type="checkbox"/>	<input type="checkbox"/>
For in-organisation development programmes, Training Proposals including Costs are required	<input type="checkbox"/>	<input type="checkbox"/>

Total net grants received to date: € \_\_\_\_\_

Signature: \_\_\_\_\_

Adviser Code: \_\_\_\_\_ Date: \_\_\_\_\_

Comment: \_\_\_\_\_

**Approved**  **Not Approved by the STB Manager** (mark as appropriate )

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comment \_\_\_\_\_

Category of Training Code:	Business Sector:	Trainer Organisation Code:

**Notes:**

**(a) If the answer to any of the above questions on the checklist is no, the application form plus the attached documentation must be returned to the organisation.**

**(b) The organisation's application forms should not be changed or modified by FÁS personnel**

**THIS SCHEME IS FUNDED BY THE IRISH EXCHEQUER AND SUPPORTED BY  
THE NATIONAL DEVELOPMENT PLAN 2000-2006.**

**DATSS. Revision No: 0 08/06/05**

