



Foras Áiseanna Saothair
Training & Employment Authority

Application for FAS Childcare Contributions FORM 1

To be completed by Trainee (Please use BLOCK CAPITALS)

Application Forms available in alternative forms on request

Trainee's Name: _____ Trainee's Telephone No: _____ Trainee's PPS No. _____

Trainee's Address: _____

Course Details

Course Title: _____ Full-time Course Part-time Morning Course Part-time Afternoon Course

Start Date: _____ Finish Date: _____

To be completed by Trainee (Please use BLOCK CAPITALS) [The Information on this Application Form will be input into the FÁS Childcare Database]

Details of Child(ren) Requiring Childcare

Child's Name	Date of Birth (DD/MM/YY)	Child's PPS No	Type of Childcare Facility * Enter code listed below	Type of child care required (√ as appropriate)		FAS Contribution claimed per child per week on starting FAS course (€)	FAS USE ONLY	
				Full-time	Part-time		Payment to be adjusted relative to school holidays (yes/no)	Initials of FAS Officer

Total :€ _____

*Type of Childcare Facility Used (Please enter the appropriate code in the table above)

Crèche = code **A**

Playschool = code **B**

Childminder = code **C**

After-school = code **D**

Signature of Trainee _____

Signature of TSU/CSU Manager/Assistant Manager _____

CC1: Revision 1 10/04/06

