

APPRENTICE DETAILS

Name: _____

Address: _____

Phone: _____ Mobile: _____

Apprentice Registration Number: _____ PPS No: _____

EMPLOYER DETAILS

Employer Name: _____

Company Contact: _____

Employer Address: _____

Phone: _____ Mobile: _____

CLAIM DETAILS

Claim Period Covered From: _____ To: _____

Total Weeks / Hours worked in claim period: Wks: _____ Hrs: _____

Weekly Payment Details

Rate: _____ Year: _____ Trade: _____ € _____

Total Amount Claimed (€340 x number of weeks): € _____

Apprentice Rotation Agreement Number: _____

Employer Signature: _____ Date: _____

Apprentice Signature: _____ Date: _____

Employers may be requested to submit payment records for the Apprentice (Pay Slips)

For Fás Use Only

Phase 3, 5 or 7 On-the-job Assessment Results received: Yes No

This payment is submitted for approval on the basis that all scheme requirements have been met.

Agreement No: _____
Region / Month - Year / Employer No. / Occurrence

Approved for Payment by Service to Business Advisor: _____ Date: _____

Authorised for Payment by Service to Business Manager: _____ Date: _____

Cost Code: _____