

Please type or print in Block Capitals

| | | |
|---------------------------|--|---------------|
| Name of Organisation: | | App. Ref. No. |
| Address: | | FÁS Use Only |
| Signed: | | Date: |
| Position in Organisation: | | |

Job Category

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

| Participant's Name | Management | | | Operative | | | Under 25 | | | Over 25 | | |
|--------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|-------|--------------------------|--------------------------|-------|--------------------------|--------------------------|-------|
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Course Details

Course Title: _____
 Course Dates: From: _____ To: _____
 No. of Training Days: _____

Cost of Course

| | |
|-------------------------|---|
| Course Fee/Trainer Cost | € |
| Materials (Max. €650) | € |
| Total | € |

| | | | |
|----------------------|--|--|--|
| Please Attach | Certification of Attendance | Which shows: Name of Participant(s), Programme Dates, Duration | |
| | Receipt of Payment to Trainer | Which shows: Cheque Number and Date of Payment to the Trainer | |
| | Original invoice | Which shows: The Total cost of Training | |
| | Current Tax Clearance Certificate | Required when the aggregate grant is €6300 or over from any State source in the past twelve months | |

DECLARATION

I declare that the information contained in the Claim Form is correct to the best of my knowledge and I am authorised to sign this statement on behalf of the organisation named therein.

Name: _____

Position in Company: _____

Course Evaluation Form (For FAS information only)¹

To be completed on behalf of the company for each course and signed by all of the participants.

How would you rate the course as a whole?

Excellent Good Average Poor Unsatisfactory

Course Objectives – Were the company objectives met?

Completely Fairly Well Not Very Well Not at all
Not aware of objectives

Were the participants own specific objectives met?

Completely Fairly Well Not Very Well Not at all
Not aware of objectives

| | | | | | | |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--|
| | 1. Weak | | | | | |
| | 2. Only Satisfactory; Room for considerable improvement | | | | | |
| | 3. Average | | | | | |
| | 4. Good; Minor points could be improved | | | | | |
| | 5. Excellent | | | | | |
| Please tick the appropriate boxes using the code above: | 1 | 2 | 3 | 4 | 5 | |
| Standard of presentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Practical exercises | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lecturer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Role Playing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Teaching Methods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Review Sessions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Quality of Handouts/Notes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Room & Work Facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Encouragement to express views | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Discussion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| How would you rate the Trainer/Training Provider | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Participant(s) Signatures - continue on a separate sheet if necessary

| Participant(s) Signatures | Participant(s) Signatures | Participant(s) Signatures |
|---------------------------|---------------------------|---------------------------|
| | | |
| | | |

¹ Please note; the opinions expressed here will not affect the payment of grants
DATSS. Revision No: 0 08/06/05

For FAS Use Only

| Expenditure Calculations | Eligible Costs | Total Cost € | % | Amount Allowed € |
|--------------------------|----------------|--------------|---|------------------|
| | Course Fee | | | |
| | Materials | | | |
| | Total | | | |

| | Yes | No |
|---|-----|----|
| Has the Claim been recommended/approved, signed and dated? | | |
| Is there a Certificate of attendance with the Claim Form? | | |
| Is proof of receipt of payment attached? (Original Invoices, Cheque No. _____ and date of payment) | | |
| Have all of the General Conditions been complied with? | | |
| Tax Clearance Certificate (if applicable) | | |

Recommended

Not Recommended

Signature of STB Adviser

Date

Approved

Not approved

Signature of STB Manager

Date

Notes:

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

(b) The organisation's claim form should not be changed or modified by FAS personnel

This scheme is funded by the Irish Exchequer and supported by the National Development Plan 2000-2006