**First Aid Responder (FAR) Reimbursement Fund Application Form 2019 / 2020**

To support services to meet their regulatory requirement of having one staff member trained in First Aid Response (FAR) by June 1st, 2020; the Department of Children & Youth Affairs (DCYA) has opened a FAR Reimbursement Fund which will fund one FAR first aid training place per registered early learning and care services / registered childminders to a maximum of €225 per full course or €175 per refresher course.

The local City/County Childcare Committees (CCC) will process the FAR applications.

**To apply for the FAR Reimbursement Fund, a registered service or registered childminder must:**

* Have an employee who has completed or have themselves completed either the full 18 hours FAR course or the 12 hours Refresher FAR course since January 1st, 2019.
* Have paid for the employee / registered childminder to participate in the training.
* Must submit a copy of the receipt for training and a copy of the PHECC accredited FAR certificate.

**Timeframe for applications:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Quarter 1** | **Quarter 2** | **Quarter 3** | **Quarter 4** |
| **Application closing date (for payment in that quarter)** | 14th June 2019 | 13th September 2019 | 19th November 2019 | 13th March 2020 |
| **Payment dates** | 28th June 2019 | 27th September 2019 | 13th December 2019 | 27th March 2020 |

**PLEASE NOTE:**

* All forms must be fully completed and returned to your local CCC
* Incomplete application forms will not be accepted.
* All required documents must be attached to the application form.
* Information provided by the applicant will only be used for the purpose it was intended and will be retained by the CCC for recording purposes.
* The CCC will make the decision on funding and all decisions are final.

**CCC Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **CCC Name:** | Kildare County Childcare Committee | | |
| **Address:** | Unit 21, Thompson Enterprise Centre, Clane Business Park, Clane, Co. Kildare, W91 E6NY | | |
| **Email:** | info@kildarechildcare.ie | **Telephone:** | 045 861307 |

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|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Tusla Registered Service / Registered Childminder** |  | **DCYA reference number / Tusla Registration Number:** |  |

|  |  |  |
| --- | --- | --- |
| **FAR Participant Name:** |  | |
| **Registered Service/**  **Registered Childminder Phone No:** |  | |
| **Course for which bursary is claimed:** | **FAR Full Course 🞏** | **FAR Refresher Course 🞏** |
| **Amount which is claimed:** |  | |

|  |  |
| --- | --- |
| **Beneficiary Pay Details: I**f approved, the reimbursement will be transferred to the registered service’s / registered childminder bank account. In order to facilitate this, please provide the following details. | |
| **Bank Name:** |  |
| **Bank Address:** |  |
| **Account Name:** |  |
| **BIC:** |  |
| **IBAN:** |  |

**Declaration:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that:

1. **The above-named person works in my registered Service / is a registered childminder**
2. **I have paid for the above-named person to participate on the PHECC Accredited FAR Course**
3. **I have only applied to one CCC for reimbursement of this cost**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **All forms must be fully completed and returned to your local CCC with a copy of the receipt for payment and the PHECC Accredited FAR Cert**