



DEPARTMENT OF EDUCATION AND SKILLS

APPLICATION FOR HOME BASED JULY PROVISION 2010

NAME OF CHILD:

Please read carefully before completing this form

- **The Parents of a child who has been diagnosed with:**
(a) Autistic Spectrum Disorder and or (b) Severe to Profound Learning Disability, may apply for Home Based July Provision **IF: THE SCHOOL IN WHICH THE CHILD IS ENROLLED IS NOT PROVIDING TUITION FOR THE MONTH OF JULY.**
- **All relevant parts of this form must be completed in full.**
- **Failure to complete the form in full may result in delays. In some instances the form may need to be returned for further completion.**
- **Details and qualifications of proposed tutors should be included in the application form. Tutors are required to submit a photographic form of identification displaying their signature e.g. driving licence, passport.**
- **As tuition takes place outside the usual school structure it is important that home tutors are qualified to provide an educational programme. You should endeavour to recruit a fully qualified teacher. In the event that a fully qualified teacher is unavailable, other qualifications are acceptable as an interim measure – see appropriate qualifications detailed on page 5.**
- **Teachers who are currently on maternity leave or career break are not eligible to deliver July Provision.**
- **It should be noted that as tutors are not employed directly by schools or the Department of Education and Skills, they are not subject to the vetting process. It is recommended that parents/guardians take usual precautions in this regard, for example, parents should not leave a child alone with the tutor.**
- **If your child is not currently attending school, please submit a copy of a recent psychological assessment/professional report.**

PART 1: TO BE COMPLETED BY PARENT/GUARDIAN

HOME BASED JULY PROGRAMME 2010

PERSONAL DETAILS

Name of Child:	
Date of Birth:	
Home Address:	
Name of Parent/Guardian:	
Home Address: (if different)	
Telephone Number:	
Mobile Number:	
E-Mail Address:	

PART 2

TEACHER AND PROGRAMME DETAILS

Has the child received home based July Provision previously?

Yes

No

Has your child previously received Home Tuition?

Yes

No

Please give full details of the contents of proposed home based July Programme which will be carried out:

(If necessary, please provide details of programme on a separate document)

DETAILS AND QUALIFICATIONS OF TEACHER TO UNDERTAKE TUITION

Name:

Address:

Telephone Number:

Qualifications:

School Roll Number if applicable:

Teacher PPSN:

Teaching Council No:

PART 3: SCHOOL DETAILS TO BE COMPLETED BY THE SCHOOL THE CHILD IS ATTENDING

A.) Is the pupil currently in receipt of resource hours allocated under the autism category in your school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
OR		
B.) Is the pupil attending a special class for autism in your school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
OR		
C.) Is the pupil attending a special class for severe and profound GLD in your school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF NONE OF THE ABOVE APPLIES PLEASE SPECIFY:		
Name of School:		
School Roll Number:		
School Address:		
Telephone Number:		
Signature of school Principal:		
Date:		

The Home Based July Provision Scheme

Acceptable Qualifications for Home Based July Provision Scheme

A recognised teaching qualification for the relevant age-group;

B.Ed; H.Dip in Education, Montessori Qualification – successfully completed either (a) the 3 year full-time course at Montessori College in Milltown or (b) National Diploma/Degree in Humanities in Montessori in St. Nicholas College, Dun Laoghaire; Qualified Teacher Status from UK;

Please note that the Department's qualification preference is for a fully qualified teacher. Where parents cannot recruit a fully qualified teacher, then some alternative qualifications are acceptable including the following:

A qualification in autism (an autism specific qualification) – from St. Patrick's College of Education, Drumcondra, or Birmingham University, or other UK University; (or US/Australia) or a qualification in an applied approach to teaching pupils with autism – in ABA, PECS, TEACCH. This should be an official certificate or diploma course ratified by a university, college or organisation. (A short course or a certificate from school etc is not acceptable); or

Third level qualification B.A., B.Sc., Psychology, RNMH etc. may also be appropriate depending on circumstances.

DECLARATION

I DECLARE THAT THE INFORMATION CONTAINED IN THIS FORM IS ACCURATE AND THAT THE SCHOOL MY CHILD IS ATTENDING IS NOT PROVIDING THE JULY PROGRAMME.

Signature of Parent / Guardian:

Date:

COMPLETED FORMS SHOULD BE RETURNED TO THE FOLLOWING ADDRESS NO LATER THAN 18TH JUNE 2010.

**Home Based July Provision,
Department of Education and Skills,
Friar's Mill Road,
Mullingar,
Co. Westmeath.
Phone No: 044- 9337000**

Data Protection

The Department of Education and Science will treat all personal data you provide on this form as confidential and will use it solely for the purpose intended. The information will only be disclosed as permitted by law or for the purposes listed in the Departments registration with the Data Protection Commissioner - REF 10764/A

If the information you have provided is to be used for purposes other than outlined in the Departments registration with the DPC your permission will be sought here.