

Please refer to the **General Conditions** before completing this form

## YOUR DETAILS

Please type or complete this form in **BLOCK CAPITALS**

<b>Company Name:</b>	<input type="text"/>	<b>Tel:</b>	<input type="text"/>
<b>Employer's RSI Number:</b>	<input type="text"/>	<b>Fax:</b>	<input type="text"/>
<b>Address:</b>	<input type="text"/>	<b>Email:</b>	<input type="text"/>
	<input type="text"/>		
<b>Name of Employee:</b>	<input type="text"/>	<b>PPS Number:</b>	<input type="text"/>

**Stage of Employee Retention Grant Scheme for which payment is now being sought:**

(please tick as appropriate)

Stage 1:

Stage 2:

## COSTS FOR WHICH PAYMENT IS BEING SOUGHT

### STAGE I COSTS: Development of the Retention Strategy

	Cost €	Amount Claimed €
Occupational Capacity Evaluation:	<input type="text"/>	<input type="text"/>
Workplace/job assessment:	<input type="text"/>	<input type="text"/>
Development of the individualised Retention Strategy:	<input type="text"/>	<input type="text"/>
Other Costs (Details must be provided)	<input type="text"/>	<input type="text"/>
<b>TOTAL (All relevant invoices/receipts must be attached):</b>	<input type="text"/>	<input type="text"/>

Please attach the following and check the box  to indicate it has been included

- Copy of the written Retention Strategy:
- Invoices/receipt(s) of Payment(s) to Specialist(s) ['Claim Requirements' para. iii(a)]:
- Copy of the relevant bank statement ['Claim Requirements' para. iii(b)]:
- Copy of bank draft if applicable ['Claim Requirements' para. iii(c)]:
- Current Tax Clearance Certificate (TC1) for Employer if not previously submitted:
- Current Tax Clearance Certificate(s) (TC1) for Specialist(s) or his/her employer if not previously submitted:

FÁS USE ONLY

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

### STAGE II COSTS: Implementation of the Retention Strategy

	No. of hours	Cost €	Amount Claimed €
<b>Amount € claimed to date</b> (if previous claim has been made):		<input type="text"/>	<input type="text"/>
<b>Job Coach:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Specialist (external coordination):</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Training or retraining:</b> (as per details outlined in the Retention Strategy):		<input type="text"/>	<input type="text"/>
Other Costs (Please specify):		<input type="text"/>	<input type="text"/>
Total this claim (All relevant invoices/receipts must be attached):		<input type="text"/>	<input type="text"/>
<b>Total amount claimed, including previous and current claims:</b>		<input type="text"/>	<input type="text"/>

## STAGE II COSTS CONTINUED

Please attach the following and check the box  to indicate it has been included

FÁS USE ONLY

Invoices/receipt(s) of payment to Specialist and/or Job Coach ['Claim Requirements' para. iii(a)]:



Invoices/receipt(s) of payment to Trainers and/or others where applicable 'Claim Requirements' para. iii(a)]:



Copy of the relevant bank statement(s) ['Claim Requirements' para. iii(b)]:



Copy of bank draft(s) if applicable ['Claim Requirements' para. iii(c)]:



Current Tax Clearance Certificate (TC1) for Employer if not previously submitted:



Current Tax Clearance Certificate(s) (TC1) for Specialist(s) or his/her employer:



**Claimants for either Stage I or Stage II must complete this declaration:**

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

Name:

Position in the Company:

Completed Claim Forms should be forwarded to your local FÁS Services to Business Office.

## FOR FÁS OFFICE USE ONLY

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1 Has all the necessary documentation been received?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Have the conditions of the scheme been adhered to?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Are there any arrears due to FÁS, if yes give details below? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Expenditure Calculations:                                    |                          |                          |

### ELIGIBLE COST

#### Stage I: Development of the individualised Retention Strategy

Strategy

Other costs

**TOTAL**

Total Cost	Funding Eligible	For Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Stage II: Implementation of the Retention Strategy

Other Costs

**TOTAL**

Total Cost	Funding Eligible	For Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### RECOMMENDED FOR PAYMENT

Yes:  No:

Name of Training Advisor:

Signature:

Date: / /

### AUTHORISED FOR PAYMENT

Yes:  No:

Name of STB Manager:

Signature:

Date: / /

### APPROVED FOR PAYMENT?

Yes:  No:

Name of FASU Staff:

Grade:

Signature:

Date: / /

This Scheme has been developed in consultation with IBEC, ICTU, ISME, CIF, IIF, the Small Firms Association, the Health & Safety Authority, and the Department of Enterprise & Employment. This scheme is funded by the Department of Enterprise, Trade & Employment and supported by the National Development Plan (2000-2006).

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