



An Roinn Leanai, Comhionannais,  
Míchumais, Lánpháirtíochta agus Óige  
Department of Children, Equality,  
Disability, Integration and Youth

**NATIONAL CHILDCARE SCHEME – ECCE –AIM –CCSP Saver Programme**

**EXEMPTION REQUEST FOR CONTINUOUS ABSENCE DUE TO SPECIAL CIRCUMSTANCES (Beyond 4 weeks up to 6/12 Weeks)**

**To Parent:**

In certain exceptional circumstances you may apply to retain your child’s funding under NCS/ECCE/AIM/CCSP saver programme beyond the standard 4 weeks non- attendance allowed under the scheme/programme rules. Please note absences extending beyond 6 weeks to a maximum of 12 weeks, will also require a medical cert or letter to be provided.

You may ask your service provider to send this document on your behalf to Pobal through the Hive/ PIP or by post. In relation to NCS you may send it directly to the Parent Support Centre (online through the parent portal or by post). If you would like to apply by post, please contact the Parent Support Centre on 01 906 8530, Monday to Friday from 9am to 5pm.

This exemption request must be submitted within six weeks of the first date of absence.

As some of the reasons below for requesting an exemption relate to a parent or child’s health, this data may be deemed to be special categories of personal data (sensitive personal data) under Data Protection legislation.

If you wish to give this form to your service provider, please complete the authorisation below.

**AUTHORISATION:**

I authorise my service provider to share this form with the Department of Children, Equality, Disability, Integration and Youth, and Pobal as scheme administrator, for the purpose of qualifying for the Special circumstances of non-attendance to the :

- ✦ NCS non-attendance rules
- ✦ ECCE non-attendance rules
- ✦ CCSP Saver non-attendance rules

Parent Signature: \_\_\_\_\_

SERVICE PROVIDER NAME :

SERVICE REFERENCE NUMBER:

|   |  |
|---|--|
| CHILD'S NAME :  | CHICK ( <i>Only applicable to NCS</i> ): |
| Registration ID ( <i>ECCE/CCSP</i> ):   | Child ID (AIM):                          |
| <b>PLEASE TICK WHICH OF THE FOLLOWING CIRCUMSTANCES APPLY:</b>  |  |
| ✦ Immediate Family Bereavement  | <input type="checkbox"/>                 |
| ✦ Travel to birthplace of child, or of child's parents  | <input type="checkbox"/>                 |
| ✦ Prolonged illness (more than four weeks) of parent or child   | <input type="checkbox"/>                 |
| ✦ Child is moving in or out of care placement ( <i>Only applicable to NCS</i> )   | <input type="checkbox"/>                 |
| ✦ Family moving into/out of emergency accommodation ( <i>Only applicable to NCS</i> )   | <input type="checkbox"/>                 |
| DATES OF ABSENCE:   |  |
| FROM:   | TO:                                      |
| <b>DECLARATION:</b>   |  |
| I declare that the information provided in this form is true to the best of my knowledge  |  |
| Parent Signature: _____ Service Provider signature _____  |  |
| Please note that you do not have to provide any more details or any supporting documents at this time. However, Pobal, the scheme administrator will require these for absences extending beyond 6 weeks to a maximum of 12 weeks. A medical cert or letter will be required. |  |