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

To support services to meet their regulatory requirement of having one staff member trained in First Aid Response (FAR) by February 2021; the Department of Children & Youth Affairs (DCYA) has extended and altered the 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 continue to process the FAR applications.

**To apply for the FULL 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.
* Submit a copy of the receipt for training and a copy of the PHECC accredited FAR certificate.

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

* Have an employee who has completed or have themselves completed either the two day online theory element of the full FAR course or the one day online theory element of the refresher FAR course since the Public Health restrictions have been put in place
* Have paid for the employee / registered childminder to participate in the training.
* Submit a copy of the receipt for training and a copy of the letter from the PHECC accredited trainer guaranteeing that the employee has secured a place for the practical element of the FAR course. In this instance a maximum of 2/3 of the Bursary will be paid with the remaining paid on receipt of a copy of the PHECC accredited FAR certificate

**Timeframe for applications:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Quarter 2** | **Quarter 3** | **Quarter 4** | |
| **Application closing date (for payment in that quarter)** | 17th June 2020 | 18th September 2020 | | 11th December 2020 |
| **Payment dates** | 24th June 2020 | 25th September 2020 | | 18th December 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.
* Funding will cease in 2020

**CCC Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **CCC Name:** | **Laois County Childcare Committee** | | |
| **Address:** | 6 Lismard Court, Portlaoise, Co. Laois | | |
| **Email:** | s.brophy@laoischildcare.ie | **Telephone:** | 057 86 61029 |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 🞏** | |
| **Online two-day FAR Full Course theory element 🞏** | | **Online one-day FAR Refresher Course theory element 🞏** | |
| **Total cost of course:** |  | **Amount to be claimed by this application:** | |  |

|  |  |
| --- | --- |
| **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 as outlines above**
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 *OR* with a copy of the receipt for payment and the letter from PHECC Accredited Trainer. Emailed applications are welcome.**