



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)	14 th June 2019	13 th September 2019	19 th November 2019	13 th March 2020
Payment dates	28 th June 2019	27 th September 2019	13 th December 2019	27 th 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:	Dun Laoghaire Rathdown County Childcare Committee		
Address:	Unit 16, Deansgrange Business Park, Deansgrange, Co. Dublin		
Email:	infor@dlrchildcare.ie	Telephone:	01 2896600



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Name of Tusla Registered Service / Registered Childminder		DCYA reference number / Tusla Registration Number:	
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FAR Participant Name:			
Registered Service/ Registered Childminder Phone No:			
Course for which bursary is claimed:	FAR Full Course <input type="checkbox"/>	FAR Refresher Course <input type="checkbox"/>	
Amount which is claimed:			

Beneficiary Pay Details: If 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

