

## First Aid Responder (FAR) Reimbursement Fund Application Form 2021

To support services to meet their regulatory requirement of having one staff member trained in First Aid Response (FAR) by November 2021; the Department of Children, Equality, Disability, Integration & Youth (DCEDIY) 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.

Roscommon County Childcare Committee (RCCC) will continue to process the FAR applications for Roscommon on behalf of the DCEDIY.

**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 between January 1<sup>st</sup>, 2019 and October 31<sup>st</sup>, 2021.
- 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:**

	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
<b>Application closing date (for payment in that quarter)</b>	18 <sup>th</sup> June 2021	17 <sup>th</sup> September 2021	December 3rd 2021
<b>Payment dates</b>	25 <sup>th</sup> June 2021	24 <sup>th</sup> September 2021	10 <sup>th</sup> December 2021

**PLEASE NOTE:**

- **The FAR requirement comes into place in November 2021, therefore, to be eligible for the FAR reimbursement fund, your course must be completed by 31<sup>st</sup> October 2021. Certificates dated after 31<sup>st</sup> October 2021 will not be eligible for the FAR reimbursement fund.**
- All forms must be fully completed and returned to Roscommon 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 Roscommon CCC for recording purposes.
- Roscommon CCC will make the decision on funding and all decisions are final.
- Funding will cease in 2021

**CCC Details:**

<b>CCC Name:</b>	<b>Roscommon County Childcare Committee CLG</b>		
<b>Address:</b>	Knock Road, Castlerea, Co. Roscommon.		
<b>Email:</b>	info@roscommonchildcare.ie	<b>Telephone:</b>	094 96 22540

## First Aid Responder (FAR) Reimbursement Fund Application Form 2021

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"/>	
	Online two-day FAR Full Course theory element <input type="checkbox"/>	Online one-day FAR Refresher Course theory element <input type="checkbox"/>	
Total cost of course:		Amount to be claimed by this application:	

<b>Beneficiary Pay Details:</b> If approved, the reimbursement will be transferred to the registered service / registered childminder bank account. 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 Roscommon 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.