## 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 1<sup>st</sup>, 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 <u>PARTIAL</u> 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)	17 <sup>th</sup> June 2020	18 <sup>th</sup> September 2020	11 <sup>th</sup> December 2020
Payment dates	24 <sup>th</sup> June 2020	25 <sup>th</sup> September 2020	18 <sup>th</sup> 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:	Westmeath County Childcare Com	mittee			
Address:	Old Mullingar Area Office, Mount Street, Mullingar				
Email:	kmurray@westmeathchildcare.ie	Telephone:	044 935454		





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

Name of Tusla		DCYA ref	erence		
Registered Service /	number / Tusla				
Registered Childminder	Registration				
		<b>Number:</b>			
	1				
FAR Participant Name:					
Designation of Committee (					
Registered Service/					
Registered Childminder					
Phone No:	EAD E-II C		EAD D.C.	1 C	
Course for which	FAR Full Course		FAR Refres	ner Course	
bursary is claimed:	O-F 4 J EAD E-I	1.0	0-1		_1
	Online two-day FAR Ful			day FAR Refres	
	theory element		Course theo	ry element	
Total cost of course:		Amount to l	re claimed		
Total cost of course.		by this appli			
		by this appli	ication.		
<b>Beneficiary Pay Details: If</b>	* *			~	s/
registered childminder bank	account. In order to facilitat	e this, please p	rovide the follo	owing details.	
Bank Name:					
Dank Name.					
Bank Address:					
<b>Account Name:</b>					
BIC:					
DIC.					
TD A NI.					
IBAN:					
Declaration:					
I,				, declare that:	
1. The above-named p	erson works in my register	red Service / is	a registered o	childminder	
2. I have paid for the a	above-named person to par	rticipate on the	e PHECC Acc	credited FAR C	ourse as
outlines above	_	_			
3. I have only applied	to one CCC for reimburse	ment of this co	st		
· · ·					
Signed:			Data	<b>:</b>	
organia.			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.



