



Community Employment Application for Supervisor Development Grant

Please ensure that no money is committed
without prior approval by Policy Unit

Sponsor Name:

Claim Reference:

Project Location:

Project Commencement Date:

Invoice Date	Provider's Invoice Number	Training Provider's Name	Course Provided			Supervisor(s) Name(s)	Chq. No. / EFT	Amount Claimed €	DEASP ONLY	
			Course Name	Certifying					Allowed / Disallowed	
				Body	Level					Yes/No
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
Total Claimed										

I confirm that the training and development costs claimed above:

have been paid for and specifically relate to the project and the Supervisor's listed,

(Tick to confirm)

have not or will not be reimbursed from other sources and that the original invoice will be available upon request.

(Tick to confirm)

I shall account for all monies entrusted to me for the carrying out of the work project. I undertake to refund on demand any monies which have not been expended in accordance with the conditions of the scheme.

Completed by: _____

Date: _____

Approved by: _____ on behalf of the Sponsor

Date: _____

FOR DEASP USE ONLY

Reason(s) Claim(s) Disallowed:

Original Invoices Attached

Supervisor Development Grant

Recommended Total Amount Payable €

Approved by CDO: _____

Approved by AP: _____

Please ensure all documentation is sent to Community Employment Policy Unit. This claim is NOT to be processed through Welfare Partners.