

SECTION B

Teacher Fee Refund Scheme School Authority Declaration

(TO BE COMPLETED BY THE SCHOOL AUTHORITIES and PRINTED ON SCHOOL HEADED PAPER)

Teacher's Name: _____ Teaching Council No: _____

I hereby verify that the course undertaken by the above teacher will be of benefit to the school and will contribute towards the professional learning of the teacher.

Official Title of Course: _____

Course Provider (Institution): _____

The School Authority made a contribution of € _____ towards the fees associated with the course detailed above.

(A numeric value must be entered in the space provided. Please enter € 0.00 where no contribution was made. Failure to enter a value will result in the application being returned to the applicant.)

Signed: _____ Date: _____

Principal or CEO/Chairperson of BoM/Manager* *An actual signature is required for the application form to be deemed complete, p.p. signatures and digital signatures are not acceptable.*

School Stamp