



**etb**

Bord Oideachais agus  
Oiliúna Dhún na nGall  
*Donegal Education and  
Training Board*

# Community Education Support Programme

## COMMUNITY EDUCATION GRANTS SCHEME Application Form

*Promoting low-cost, locally-based community education*

### Details of Applicant Organisation

1. **Name of Group:** \_\_\_\_\_

2. **Contact Name:** \_\_\_\_\_

3. **Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Tel No:** \_\_\_\_\_

5. **Mobile Telephone No.:**

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6. **Email address:** \_\_\_\_\_

7. **Tax/Charity No. (see page 4 of Guidelines)**  
\_\_\_\_\_

8. **Aims and Objectives of your overall Group:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **How have you identified the need for this course?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. **Have you ensured that your group operates from a social inclusion ethos and aims to prevent discrimination against groups/individuals named under the 9 grounds identified in the Equal Status Act, 2000?**  
*(Sexual Orientation, Gender, Disability, Marital Status, Religious Belief, Race, Family Status, Age, Membership of Travelling Community)*

**Yes No**


11. **Are you in receipt of funding from another source for this course?**

12. **Expected Outcomes and the Benefits to Community of Projects/Courses:**

	Yes	No
a) Enhanced education prospects for participants		
b) Strengthening communities		
c) Improved wellbeing/ personal development of participants		
d) Enhanced support to family		

**Project/Course Details**

**Course No. 1**

**(One course per page only)**

Course Title: \_\_\_\_\_

Accredited Course?		Please ✓	
Yes		No	

Date on which course is scheduled to commence: \_\_\_\_\_

(Note 1 - Applications must be received 5 weeks in advance of the scheduled start date of each Project/Course.)

Course Duration:  weeks x  hours per week

Details of Proposed Project/Course:

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Target Group(s): \_\_\_\_\_

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Estimated Numbers to be catered for: Male  Female

Name and Qualifications of Tutor, if already identified:

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**Project/Course Costs**

	<b>Cost €</b>
Tutor: <input type="text"/> weeks x <input type="text"/> hours per week x € <input type="text"/> per hour =	<input type="text"/>
Venue: <input type="text"/> weeks x <input type="text"/> hours per week x € <input type="text"/> per hour =	<input type="text"/>
(Note 2)	
Materials (please specify): _____	<input type="text"/>
Other (please specify): _____	<input type="text"/>
Administration (only where no paid administration costs exist; maximum amount €50)	<input type="text"/>
<b>Total Estimated Cost:</b>	<input style="border: 2px solid black;" type="text"/>
<b>Less:</b> Income from other sources towards cost of course/project:	<input type="text"/>
Please specify source: _____	
<b>Less:</b> Participant Contribution : € <input type="text"/> per person x <input type="text"/> people =	<input type="text"/>
<b>Amount of grant sought from Donegal ETB's Community Education Programme:</b>	<input style="border: 2px solid black;" type="text"/>

Office Use Only

Course Title: \_\_\_\_\_

Accredited Course?		Please ✓	
Yes		No	

Date on which course is scheduled to commence: \_\_\_\_\_

(Note 1 - Applications must be received 5 weeks in advance of the scheduled start date of each Project/Course.)

Course Duration:  weeks x  hours per week

Details of Proposed Project/Course:

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Target Group: \_\_\_\_\_

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Estimated Numbers to be catered for: Male  Female

Name and Qualifications of Tutor, if already identified:

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**Project/Course Costs**

	<b>Cost €</b>
Tutor: <input type="text"/> weeks x <input type="text"/> hours per week x € <input type="text"/> per hour =	<input type="text"/>
Venue: <input type="text"/> weeks x <input type="text"/> hours per week x € <input type="text"/> per hour =	<input type="text"/>
(Note 2)	
Materials (please specify): _____	<input type="text"/>
Other (please specify): _____	<input type="text"/>
Administration (only where no paid administration costs exist; maximum amount €50)	<input type="text"/>
<b>Total Estimated Cost:</b>	<input style="border: 2px solid black;" type="text"/>
<b>Less:</b> Income from other sources towards cost of course/project:	<input type="text"/>
Please specify source: _____	
<b>Less:</b> Participant Contribution : € <input type="text"/> per person x <input type="text"/> people =	<input type="text"/>
<b>Amount of grant sought from Donegal ETB's Community Education Programme:</b>	<input style="border: 2px solid black;" type="text"/>

Office Use Only

Course Title: \_\_\_\_\_

Accredited Course?		Please ✓	
Yes		No	

Date on which course is scheduled to commence: \_\_\_\_\_

(Note 1 - Applications must be received 5 weeks in advance of the scheduled start date of each Project/Course.)

Course Duration:  weeks x  hours per week

Details of Proposed Project/Course:

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Target Group: \_\_\_\_\_

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Estimated Numbers to be catered for: Male  Female

Name and Qualifications of Tutor, if already identified:

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**Project/Course Costs**

	<b>Cost €</b>
Tutor: <input type="text"/> weeks x <input type="text"/> hours per week x € <input type="text"/> per hour =	<input type="text"/>
Venue: <input type="text"/> weeks x <input type="text"/> hours per week x € <input type="text"/> per hour =	<input type="text"/>
(Note 2)	
Materials (please specify): _____	<input type="text"/>
Other (please specify): _____	<input type="text"/>
Administration (only where no paid administration costs exist; maximum amount €50)	<input type="text"/>
<b>Total Estimated Cost:</b>	<input style="border: 2px solid black;" type="text"/>
<b>Less:</b> Income from other sources towards cost of course/project:	<input type="text"/>
Please specify source: _____	
<b>Less:</b> Participant Contribution : € <input type="text"/> per person x <input type="text"/> people =	<input type="text"/>
<b>Amount of grant sought from Donegal ETB's Community Education Programme:</b>	<input style="border: 2px solid black;" type="text"/>

Office Use Only

**Important points to note:**

- Applications must be received 5 weeks in advance of the scheduled start date of each Project/Course.**  
Applicant groups are advised to secure the necessary funding before commencing the course(s) applied for. Please ensure that you have received a letter of offer in respect of funding from the Community Education Facilitator and that you have returned to acceptance slip.
- In order to help cover overheads' costs incurred, applicant groups may include a sum in respect of room hire / use of venue: €10 for general courses and €15 per hour where specialist rooms/ equipment are used e.g. kitchen, computer suite.
- Should your application be successful, you will receive funding by Electronic Funds Transfer made directly to your group's bank account. If you have not already done so, you must open an account for the group, complete in full and submit the EFT Bank Details Authorisation Form, available from trishamcguinness@donegaletb.ie. Should your details change, please inform the office accordingly.
- Should your application be successful, you will have to register each participant and submit the details required on the CSV File that will be issued to you. Essential information includes: participant's full name, PPS number and Date of Birth.**

**Declaration:**

I certify that all particulars in this application are true and correct.

I have read and accept the conditions outlined in this application and the Guidelines that accompany it. As a member of the Committee/Group, I undertake to comply in full with the requirements of the Community Education Grants Scheme.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Role in Organisation: \_\_\_\_\_  
(e.g. Chairperson, secretary)

**Please return completed application form to:**

Community Education Support Programme  
Donegal ETB Adult and Further Education and Training Service  
Ard Scoil na gCeithre Máistir,  
Tír Chonaill Street,  
Donegal Town.  
Tel: (074) 9725520 Email: trishamcguinness@donegaletb.ie

**For Office Use Only:**

Date approved: \_\_\_\_\_

Signed: \_\_\_\_\_ CEF

Countersigned: \_\_\_\_\_ AEO

Approved:	PLSS	ETB Ref
Course No. 1 €		
Course No. 2 €		
Course No. 3 €		
€		
€		
€		
Total: €		

Comments:

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## QQI CERTIFICATION PROVIDER CHECKLIST

**This page is to be completed only in respect of course(s) to be accredited by/through Donegal ETB.**

In other words, this checklist applies to Community Education providers who are not eligible themselves to accredit courses under QQI and who are applying to Donegal ETB for funding to provide an accredited course for them.

This will usually be one module and is different from the BTEI courses provided by Donegal ETB in the community. The checklist is being provided to ensure that education & training courses certified by Donegal ETB are delivered in line with Donegal ETB's Quality Assurance agreement with QQI.

**For non-accredited courses and courses such as First Aid that are certified by another body, this page does not need to be completed.**

<b>Name of Provider/Applicant Group and Contact Details:</b>	
<b>Tutor Name and Contact details:</b>	
<b>QQI QA tutor training complete? **</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>QQI Programme Module Title:</b>	
<b>QQI Programme Module Code:</b>	
<b>Module start date:</b>	
<b>Module end date (provisional): *</b>	
<b>Number of participants for whom certification will be sought:</b>	
<b>QQI student registration forms complete? ***</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

\* Donegal ETB policy directs that all learner work should be marked and submitted within two weeks of course finish.

\*\* As part of Donegal ETB's Quality Assurance agreement with QQI all tutors (assessors) should complete QA training in advance of delivering a validated programme on behalf of Donegal ETB.

\*\*\* A QQI Student Registration Form must be completed and returned in respect of each participant. The QQI Registration Form is available from [trishamcguinness@donegaletb.ie](mailto:trishamcguinness@donegaletb.ie)