

**IFE REGISTERED TRAINER
REMUNERATION FORM**

Month :

Year :

Session Title:

School:

Trainer:

ID :

Tel. Mobile:

Tel. Office:

email:

Employer :

MEYR

IfE

Other

Employer

Specify :

Name of Bank:

IBAN No:

Breakdown of service delivered

Calendar Date	Time	Hours delivered	No of Participants
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
Total No. of Hours			

Trainer's declaration

I attest that the attendance sheet attached is correct and that I have performed:

Hours

@ €22.00 per hour

amounting to a total of €

TRAINER'S REMARKS : (Please include details which may be necessary to clarify the request, such as cancellation of sessions, replacement of other trainers, etc.)

Signature:

Date:

Certified Correct by Head of School

Name:

Signature:

Date:

Office School Stamp

Approved by Head of College Network

Name:

Signature:

Date:

Remuneration Form is to be forwarded to the Finance Department, Ministry for Education, Sport, Youth and Research and will not be processed unless complete and accompanied by signed attendance sheet/s.

The Ministry for Education, Sport, Youth, Research and Innovation collects and processes information to carry out its functions under the Education Act. All data is collected and processed in accordance with the Data Protection Act 2001, the Education Act, other subsidiary legislation and the Privacy Policy of the Department, a copy of which is available on demand.