An Roinn Oideachais

agus Scileanna

Department of

Education and Skills

**Reconnecting with School**

**Summer Programme in DEIS Primary Schools 2020  
 Expression of Interest to Participate**

**School Details**:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School Name : |  | | | | | | | | | |
| Roll Number: |  | | | | | | | | | |
| Principal: |  | | | | | | | | | |
| Email: |  | | | | | | | | | |
| Phone/Mobile Number: |  | | | | | | | | | |
| Please select an option: | DEIS Band 1 |  | DEIS Band 2 |  | Rural |  |  | | | |
| Please tick the applicable category: | Junior |  | Infant |  | Senior |  | Vertical |  | Other (specify) |  |
| HSCL Coordinator: |  | | | | | | | | | |

Proposed Camp Week From: To:

Chosen Language of Programme

Gaeilge English

1. **Camp Ratio Option (please tick one)**

|  |  |  |
| --- | --- | --- |
| 2:24 | 2 Teachers to 24 pupils |  |
| 3: 36 | 3 Teacher to 36 pupils |  |

1. **Please complete for teachers taking part in Camp**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Role** | **Registered Teacher Name** | **Teaching Council number** | **Mobile Number** | **Email Address** |
| Teacher 1 (Team Lead) |  |  |  |  |
| Teacher 2 |  |  |  |  |
| Teacher 3 |  |  |  |  |

**Participating pupils should be selected by schools in line with the criteria outlined in the Handbook for Schools.**

**School Bank Details (Compulsory)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bank Name/ Address |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Sort Code |  |  |  |  |  |  |  |  |  |  |  |  |  |
| BIC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| IBAN |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Declaration**

* I confirm that this expression of interest has the support of the Board of Management of the school and the board will accept full responsibility for the summer programme and will run it in accordance with the framework and criteria outlined in the **Handbook for Schools**
* The school will apply their policies on Child Protection, Health & Safety, Anti-Bullying, Behaviour and Critical Incidents and Healthy Eating to the Summer Programme. Each teacher will have copies of these policies and they will be available for review.
* In accordance with the Children First Act, 2015, the school’s **Child Safeguarding & Risk Assessment** document takes account of any such activity or service and specify the risks of harm identified and the procedures that are in place to manage those risks. If not already listed, it must be added (the addition can be approved at the next Board of Management Meeting.
* Vetting requirements will be fulfilled for parents and community members contributing to the work of the camp and parents will be informed of all relevant policies and procedures. They will be informed that a Child Safeguarding Statement will be in place during the summer programme activities.
* A designated health and safety officer to be available on site for the duration of the camp and named on the relevant policy document.
* All necessary government health and safety requirements, in effect at the time of the programme, will be adhered to, in order to support the safe and successful organisation of the summer programme.

**Please Note**: A copy of the **relevant section/page** (only) of the school’s Child Safeguarding Statement and Risk Assessment document must accompany this expression of interest to run a summer programme, where it is indicated in that specific section/page that the summer programme is listed/recorded as one of the school’s activities.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chairperson of the Board of Management Principal**

**Completed Expression of Interest forms and the relevant section of the school’s Child Safeguarding risk assessment should be submitted to** [**campaisamhraidh@dwec.ie**](mailto:campaisamhraidh@dwec.ie)

**Closing date for applications is June 22nd 2020**