



The undersigned confirms that the actual hourly rate paid to the student is

€ / Hr

Kindly provide the contact person and telephone number in case of financial queries and clarifications

Contact Person: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Cheque shall be made payable to:

\_\_\_\_\_

**1. No of Normal Working Hrs worked during the period, shall be computed as follows:**

- Normal hrs worked during the term up to 30 hrs per week less any leave / sick leave availed of over the pro-rata entitlement

**2. Deductions**

- To include any deductions (if applicable) other than NI and TAX

**Other Notes:**

- The 10 week placement is based on a 30-hour working week.
- Total maximum claim shall not exceed 300 hrs.
- If students work beyond 30 hrs per week, or beyond the 10 weeks period, the costs will be borne exclusively by the employer.
- Bonuses and Employer NI shall be borne by the Employer.
- Student costs already funded under another Government agreement are not eligible and should not be included in this claim.

**Declaration**

I certify that the information provided above is accurate and complete to the best of my knowledge and belief. I understand that the provision of inaccurate or misleading information in this declaration may lead to my / our undertaking being ineligible for reimbursement, and subject to any other legal proceedings or other actions against me and my / our undertaking.

\_\_\_\_\_  
**Signature of Employer / Representative**

\_\_\_\_\_  
**Name of Employer / Representative**

\_\_\_\_\_  
**Designation**