

# RCNI Garda Accompaniment Claim Form



**Please enter only 1 case per claim form** <> Submit within one month <> Incomplete forms will be returned

|   |                   |  |                              |  |       |  |                       |
|---|-------------------|--|------------------------------|--|-------|--|-----------------------|
| Name of RCC Centre: *   |                   |  |                              |  |       |  |                       |
| Type of Accompaniment: <i>(Please tick)</i> *   | Garda attends RCC |  | Client attends Garda Station |  | Other |  | <i>Please specify</i> |
| Dates of accompaniment: *   |                   |  |                              |  |       |  |                       |
| Where the Accompaniment is local and you are claiming for overnight (non-local) expenses, please give a brief description of the circumstances: * |                   |  |                              |  |       |  |                       |

|   |        |          |            |  |  |            |  |
|---|--------|----------|------------|--|--|------------|--|
| Client stats: <i>(please tick all that apply)</i> * |        |          |            | Is the person accompanying the client....? <i>(please tick – no name required)</i> * |  |            |  |
| Male  | Female | Under 18 | Disability | Paid Staff:  |  | Volunteer: |  |
|   |        |          |            | Other:   |  |            |  |

|                                       |                                       |   |
|---------------------------------------|---------------------------------------|---|
|                                       | A: Local Accompaniment @ €170 per day | B: Non-Local Accompaniment @ €300 per day |
| Enter Number of days to be claimed: * |                                       |   |

|  |   |                        |  |                             |  |
|--|---|------------------------|--|-----------------------------|--|
| Total claimed in Euro: *                 | € | Name of RCC Manager: * |  | Signature of RCC Manager: * |  |
| On behalf of: _____ Rape Crisis Centre * |   |                        |  | Date of claim: *            |  |

|   |     |  |    |  |         |  |
|---|-----|--|----|--|---------|--|
| Has a copy of the RCNI satisfaction survey given to client? <i>(please tick one of the following)</i> * | Yes |  | No |  | Unknown |  |
|---|-----|--|----|--|---------|--|

**\* ALL THESE SECTIONS MUST BE COMPLETED BEFORE SENDING CLAIM TO RCNI**

Please return completed form to RCNI as soon as possible. Due to funder restrictions, please note claims cannot be carried forward to the next financial year. Return to Administrator, RCNI, Carmichael Centre, North Brunswick Street, Dublin 18