

APPLICATION FORM FOR CARER'S LEAVE

PART 1

(To be completed by the teacher)

SECTION A: PERSONAL DETAILS (BLOCK CAPITALS)

County: _____ Roll No: _____ School: _____

Surname: _____ First Name (s): _____

Home Address: _____

Contact Tel No: _____ PPS No. (formerly known as RSI No.) _____

Name of Relevant Person for whom you wish to apply for carer's leave: _____

Have you previously availed of carer's leave? Yes No

Have you previously availed of carer's leave in respect of the Relevant Person names below? Yes No

If 'Yes' state: From / / to / / Total No. of Weeks _____

If 'Yes' state: From / / to / / Total No. of Weeks _____

If 'Yes' state: From / / to / / Total No. of Weeks _____

If 'Yes' state: From / / to / / Total No. of Weeks _____

OVERALL TOTAL _____

SECTION B: PROPOSED PERIOD OF CARER'S LEAVE

1. Proposed start date of carer's leave: _____ / _____ / _____

2. Proposed end date of carer's leave: _____ / _____ / _____

3. State the number of weeks in total _____

SECTION C: CERTIFICATION

I certify that the information which I have given in this application form is true and complete.

I have read the Carer's Leave Circular 5/03, and I agree to abide by the requirements of this Circular. I wish to confirm that an application for a decision that the relevant person is in need of full-time care and attention has been made to the Department of Social and Family Affairs. I understand that any incorrect or inaccurate information supplied by me in this form shall render my application null and void.

Signature: _____

Date _____

PART 2

To be completed by the chairperson of the Board of Management

APPROVAL FOR CARER'S LEAVE

The Board of Management of _____ National School
roll number _____, has approved this application for carer's leave as detailed in Part 1 of this
form.

An application for carer's leave which is approved by the Board of Management and signed by the Chairperson of the Board
shall be regarded as a confirmation document in compliance with paragraph 5.4 of Primary Circular 5/03.

A copy of the completed form should be given to the teacher while the original form should be forwarded to the Primary
Payments Branch, Department of Education and Science, Cornamaddy, Athlone, Co. Westmeath *no later than two weeks* before
the proposed start date of the leave.

Certification in relation to the above application has been received from the Department of Social and Family affairs

Tick as appropriate

Yes

No

Signature of Chairperson: _____

Date _____

Address _____

_____ Contact Tel. No. _____

Note: A Board of Management which decides that a teacher is ineligible for carer's leave or decides to postpone carer's leave
should inform the teacher of same in writing at least four weeks before the proposed start of the leave.

Only applications which have been approved by the Board should be forwarded to the Department.