

# APPLICATION FOR TEMPORARY TEACHER EXCHANGE

Part 1 of this form must be completed by the first teacher and his/her Board of Management.  
Part 2 of the form, must be completed by the second teacher and his/her Board of Management.

## PART 1

### TEACHER'S DETAILS

---

1. Name \_\_\_\_\_
  2. PPS No. (formerly known as RSI No.) \_\_\_\_\_ - \_\_\_\_\_
  3. Teacher Number 99 \_\_\_\_\_ - \_\_\_\_\_
  4. Address for Correspondence \_\_\_\_\_  
\_\_\_\_\_
  5. Email address \_\_\_\_\_
  6. Contact Telephone No. \_\_\_\_\_
  7. Name and Address of Existing School: \_\_\_\_\_  
\_\_\_\_\_
  8. Roll No. \_\_\_\_\_ - \_\_\_\_\_
  9. Have you previously been on a teacher exchange? Yes \_\_\_ No \_\_\_  
If yes, please state when and duration \_\_\_\_\_
- 

### PURPOSE OF THE EXCHANGE

1. School year for which you wish to exchange: \_\_\_\_\_
2. Reason for seeking the exchange: \_\_\_\_\_
3. School in which you wish to exchange: \_\_\_\_\_

I certify that the information which I have given in this Application Form is true and complete. I have read the conditions under which a teacher exchange arrangement is granted and I agree to abide by these conditions. I understand that any incorrect or inaccurate information supplied by me in this form shall render my teacher exchange null and void.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

---

### This portion to be signed by chairperson of Board of Management

The Board of Management, having examined the Teacher Exchange Application in respect of \_\_\_\_\_

is satisfied that the teacher's application is approved. The Board of Management has notified the teacher of its decision in writing accordingly.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Contact Tel. No. \_\_\_\_\_

# PART 2

(Please complete in block capitals)

---

## TEACHER'S DETAILS

1. Name \_\_\_\_\_
2. PPS No. (formerly known as RSI No.) \_\_\_\_\_ - \_\_\_\_\_
3. Teacher Number 99 \_\_\_\_\_ - \_\_\_\_\_
4. Address for Correspondence \_\_\_\_\_  
\_\_\_\_\_
5. Email address \_\_\_\_\_
6. Contact Telephone No. \_\_\_\_\_
7. Name and Address of Existing School: \_\_\_\_\_  
\_\_\_\_\_
8. Roll No. \_\_\_\_\_ - \_\_\_\_\_
9. Have you previously been on a teacher exchange? Yes \_\_\_ No \_\_\_  
If yes, please state when and duration \_\_\_\_\_

---

## PURPOSE OF THE EXCHANGE

1. School year for which you wish to exchange: \_\_\_\_\_
2. Reason for seeking the exchange: \_\_\_\_\_
3. School in which you wish to exchange: \_\_\_\_\_

I certify that the information which I have given in this Application Form is true and complete. I have read the conditions under which a teacher exchange arrangement is granted and I agree to abide by these conditions. I understand that any incorrect or inaccurate information supplied by me in this form shall render my teacher exchange null and void.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

---

## This portion to be signed by chairperson of Board of Management

The Board of Management, having examined the Teacher Exchange Application in respect of \_\_\_\_\_

is satisfied that the teacher's application is approved. The Board of Management has notified the teacher of its decision in writing accordingly.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Contact Tel. No. \_\_\_\_\_