

APPLICATION FOR A CAREER BREAK OR AN EXTENSION TO A CAREER BREAK

TEACHING STAFF

To be completed by the teacher and submitted to the Principal for consideration by the Governing Body at least 4 months prior to the proposed date of commencement or extension.

Teacher's Personal Details

Full Name: _____

Date of Birth: _____ Teacher's Reference No: _____

Number of Years Teaching Service in Current School: _____

School: _____ Ref no: _____

Home Address: _____

_____ Postcode: _____

Tel Number: _____

Details of Career Break

Duration: Date of Commencement: _____ Date of Return: _____

Reason for request for Career Break (or extension): _____

Contact Address during Career Break: (if not home address given above)

_____ Postcode: _____

UNDERTAKING

I undertake to:

- a.** ensure the school has a current contact address at all times;
- b.** contact the Principal not less than four months before the end of the Career Break to:
 - i.** confirm the intended date of return to school duties; or
 - ii.** apply for an extension to a Career Break; or
 - iii.** indicate my intention to resign.

I understand that:

- a.** whilst on Career Break:
 - i.** I shall be consulted about, but shall not be exempt from consideration from the consequences of redundancy/reorganisation in the school;
 - ii.** I shall be eligible for consideration for any vacancies or promotions within the school which became available during my absence and will be responsible for ascertaining whether or not assistance with travelling expenses will be provided;
 - iii.** I wish/do not wish (delete as appropriate) to be notified of any such vacancies or promotions;
 - iv.** I shall be subject to the relevant body's and the Employing Authority's requirements on matters of conduct.

and

- b.** where I held a post of responsibility, the duties attaching to the post may be changed on my return from Career Break.

Signed: _____

Date: _____

APPLICATION FOR A CAREER BREAK OR AN EXTENSION TO A CAREER BREAK

TEACHING STAFF

To be completed by the Board of Governors and copied to the teacher, the Employing Authority and, where the Career Break or extension is approved, to the Department of Education, Waterside House, Londonderry.

School: _____ Ref. No. _____

Teacher's Name: _____ Mr/Mrs/Miss/Ms/Dr

Teacher's Ref. no: _____

Home Address:

 _____ Postcode: _____

Tel Number: _____

Contact Address: (if different from above)

 _____ Postcode: _____

Details of Career Break:

Duration: Date of Commencement: _____ Date of Return: _____

Application Approved: **Yes/No** (Refer to paragraph 7c of the Scheme.)

If the application is not granted, please detail reasons below:

Was the Employing Authority consulted before the meeting of the Board of Governors?

Yes/No (Delete as appropriate)

Please attach details.

Has the teacher been informed, in writing, with the reasons for rejecting the application?

Yes/No (Delete as appropriate)

Please attach details.

Has the teacher exercised the right of appeal? **Yes/No** (Delete as appropriate)

Appeals sub-committee met to hear the appeal on:

Names of Governors Present: _____

Was the teacher accompanied at the meeting? **Yes/No** (Delete as appropriate)

Accompanied by: **Trade Union Official/Teaching Colleague** (Delete as appropriate)

The decision of the Appeals sub-Committee was as follows:

APPEAL UPHELD/APPEAL DISMISSED (Delete as appropriate)

If the appeal was dismissed, has notification of the grounds for refusal and explanation of those grounds been given to the teacher?

YES/NO (Delete as appropriate)

Signed: _____ Signed: _____ Date: _____
Principal Chairman of BOG

Please forward the completed Form(s) CB1/T and CB2/T, Board of Governors Minutes and, where applicable, copies of letters to teacher to: