



Main Redeployment Panel Update Form for the 2022/23 school year

In order to arrange the removal of your name from the Main Redeployment Panel, this form must be returned to: **Primary Teacher Allocations Section, Department of Education, Cornamaddy, Athlone, Co Westmeath.** The Patron of your school must be notified when this Panel Update Form (PUF) is being returned.

Your decision to leave the Panel cannot be reversed and must therefore be considered carefully. Other than when seeking a maternity exemption, it is advisable to have received a written/email offer of employment before making a final decision.

Name of Panel: _____

Insert Catholic, Church of Ireland, Educate Together, An Foras Pátrúnachta or ETB.

Panel Area: _____

(For Catholic or Church of Ireland Diocese Panels - insert Name of Diocese/United Diocese e.g. Catholic Diocese of Cloyne/United Dioceses of Meath & Kildare. For ETB Panels, insert Name of ETB.

For Educate Together, An Foras Pátrúnachta or Special National Panel, leave blank).

Teacher's Name: _____ **PPSN:** _____

Roll Number for School you are currently based in: _____

Please circle **ONE** of the numbers below and insert the relevant information.

1. I wish to have my name removed from the Panel as I have secured a permanent post located in _____ (insert school roll number)
2. I wish to have my name removed from the Panel as I have secured a fixed-term post in _____ (insert school roll number).
3. I wish to defer my panel rights for the next full school year as I am a permanent teacher/CID teacher and have secured a fixed term post in my own school _____ (insert school roll number).
4. I wish to defer my panel rights for the next full school year as:
 - I am going on a career break
 - I am going on secondment
 - I am entering into a job-sharing arrangement
5. I wish to be exempt from the panel for 6 months prior to the birth of my baby and to the end of my maternity leave/to the end of my adoptive leave. My (expected) date of confinement/or date of placement is _____. I confirm that medical evidence/evidence of adoption has been provided to my school to support this.
6. I wish to have my name removed from the Panel because _____

I confirm the above information to be true and accurate.

(Signature of **Teacher**) _____ Date: _____

I am satisfied that the above information is accurate.

(Signature of **Chairperson of BoM / CEO of ETB** of the school in which the above teacher will be employed for the 2022/23 school year, if applicable):

_____ Date: _____

Contact Phone No : _____ Email Address: _____