

Appendix A

Appendix A: Application Form for Breastfeeding Breaks

This initial Application Form should be fully completed and submitted to the employer at least 4 weeks before return to work following Maternity Leave (or at least 4 weeks before the beginning of the school term in the case of a second or subsequent application). A copy of the relevant child's birth certificate must be submitted with the initial application.

PART 1 – TEACHER APPLICATION

Teacher's Name: _____ Contact No: _____

Home Address: _____

E-mail Address: _____ PPSN: _____

School Name: _____ Roll No: _____

Date of birth of child: _____

Expected date of return to work (1st application only): _____

PART 2 – BREASTFEEDING BREAKS PATTERN

My two preferred options for taking these breastfeeding breaks are as detailed in the tables (Options 1 and 2) below.

Planned commencement date: _____ Planned end date: _____

Option 1

Breastfeeding Breaks Pattern	Preferred Time of Breastfeeding Break(s)	Please tick as appropriate
One break of 60 minutes	From _____ to _____	
Two breaks of 30 minutes each	Break 1: From _____ to _____ Break 2: From _____ to _____	
Three breaks of 20 minutes each	Break 1: From _____ to _____ Break 2: From _____ to _____ Break 3: From _____ to _____	

Option 2

Breastfeeding Breaks Pattern	Preferred Time of Breastfeeding Break(s)	Please tick as appropriate
One break of 60 minutes	From _____ to _____	
Two breaks of 30 minutes each	Break 1: From _____ to _____ Break 2: From _____ to _____	
Three breaks of 20 minutes each	Break 1: From _____ to _____ Break 2: From _____ to _____ Break 3: From _____ to _____	

Note: The breastfeeding breaks set out above are applicable to a full-time teacher and should be adjusted on a pro-rata basis for a teacher working less than the full school day.

Declaration

I wish to apply for breastfeeding breaks for the coming school term in accordance with Circular 0052/2023 titled '*Breastfeeding Breaks for Registered Teachers employed in Recognised Primary and Post Primary Schools*'.

I agree that where it is not possible for my employer to facilitate the breastfeeding breaks pattern requested in Part 2 of this application, alternate patterns will be explored and agreed upon with my employer.

I confirm that I am breastfeeding my child and that when I cease to breastfeed my child, I will notify my employer in writing as soon as possible.

I confirm that the information provided in this application is true and accurate.

Signature of Teacher: _____ Date: _____

Data Protection Privacy Statement

The main purpose for which the Department requires you to provide this personal data to your employer is to enable your Breastfeeding Breaks application to be processed. Your employer will retain your application form and accompanying documents in accordance with their Data Protection policy. Further information in relation to this policy is available on request from your employer.

The Privacy Notice outlining further information in relation to this Application Form can be found on gov.ie. Full details of the Department's Data Protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available on gov.ie. Details of this policy are also available in hard copy from Teacher/SNA Terms & Conditions Section, Department of Education, Cornamaddy, Athlone, Co. Westmeath, N37 X659, or teachersna@education.gov.ie, upon request.

PART 3 - EMPLOYER DECISION

I certify that I have approved the Breastfeeding Breaks application in accordance with Circular 0052/2023 titled 'Breastfeeding Breaks for Registered Teachers employed in Recognised Primary and Post Primary Schools'.

The agreed pattern is as below:

Breastfeeding Breaks Pattern	Agreed Time of Breastfeeding Break(s)
One break of 60 minutes	From _____ to _____
Two breaks of 30 minutes each	Break 1: From _____ to _____ Break 2: From _____ to _____
Three breaks of 20 minutes each	Break 1: From _____ to _____ Break 2: From _____ to _____ Break 3: From _____ to _____

The following documents will be retained for audit purposes:

1) Application for Breastfeeding Breaks

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2) Copy of Child's Birth Certificate

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Signature: _____ Date: _____
(Employer)

The Application Form and supporting documentation should NOT be submitted to the Department of Education. They should be retained in the school/ETB with any other relevant documentation for record and audit purposes with the relevant personnel records.