

Completed forms, with attachments, should be submitted to Department of Education and Skills, Teacher/SNA Terms and Conditions Section, Cornamaddy, Athlone, Co Westmeath; or to the relevant Education and Training Board as appropriate.
(A copy of the completed form should be retained in the teacher's personnel file).

Brief summary of incident:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date:

To be completed and signed by the Employer

Period of leave of Absence following Assault: From _____ to _____.

I confirm that *(please tick as appropriate)*:

- ☐ I have received medical certification in relation to the period of absence above in accordance with the scheme as set out in Circular 0061/2017.
- ☐ The incident has been recorded in the Incident Report Book.
(Copy of record to be attached)
- ☐ The incident has been reported to the Health and Safety Authority.
(Copies of relevant correspondence to be attached)
- ☐ The incident has been reported, where appropriate, to An Garda Síochána.
(Copies of relevant correspondence to be attached), OR
- ☐ The incident was considered inappropriate to be reported to An Garda Síochána,.
- ☐ All appropriate safeguards have been put in place to protect persons at risk, and to prevent, in so far as is practicable, the re-occurrence of a similar incident.

I, the undersigned, declare that I have read the circular, that the information recorded in this form is true, accurate and complete and that the leave of absence applied for is in accordance with the terms of the circular.

Signature: _____ **Date:** _____
(Principal/Chairperson, on behalf of Employer)

Full name and address of school: _____

Email address: _____ Telephone number: _____

Data Protection Notice

The Department of Education and Skills will treat all personal data you provide on this form as confidential and will use it solely for the purpose intended. The information will only be disclosed as permitted by law or for the purposes listed in the Department's registration with the Data Protection Commissioner - REF 10764/A. If the information you have provided is to be used for purposes other than outlined in the Department's registration with the DPC your permission will be sought here.