

The Application Form should be fully completed and submitted to the employer by the teacher as soon as possible, but no later than one week (7 calendar days) following the injury occurring (other than in exceptional circumstances, see paragraph 6.2), and should be accompanied by medical certification.

PART 1A – TEACHER APPLICATION

School Name: _____ Roll No: _____

[illegible]

4. Did you previously avail of Occupational Injury Leave because of this accident/injury or another accident/injury in the past 4 years (tick as appropriate)? If Occupational Injury Leave has already been availed of due to the same accident/injury, the application cannot be progressed.
- Yes ☐ If yes, please provide dates: From: _____ To: _____
- No ☐
5. Is this application in respect of (tick as appropriate):
- (a) Occupational Injury Leave ☐
- (b) Occupational Injury Leave - Extension ☐
(further details at paragraph 4.2 of this Circular)
6. Medical Certificate attached to this Application Form ☐

Declaration

I wish to apply for Occupational Injury Leave in accordance with the Occupational Injury Leave Scheme as set out in Circular 0013/2025 titled '*Occupational Injury Leave Scheme for Registered Teachers employed in Recognised Primary and Post Primary Schools*'.

I confirm that the information provided in the application form 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 Occupational Injury Leave 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 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, upon request.

PART 2 – EMPLOYER DECISION

I certify that I have granted/refused (delete as appropriate) the Occupational Injury Leave application, in accordance with Circular 0013/2025 titled '*Occupational Injury Leave Scheme for Registered Teachers employed in Recognised Primary and Post Primary Schools*'. The following documents will be retained for audit purposes:

- 1) Application for Occupational Injury Leave ☐
- 2) Copy of Decision Notice issued to Teacher ☐

Where granted, I confirm that (*please tick as appropriate*):

- ☐ Granted Occupational Injury Leave has been recorded on the OLCS/relevant ETB system.
- ☐ Medical Certificate(s) received, in respect of period of Occupational Injury Leave / Extended Occupational Injury Leave.
- ☐ All applicable school policies have been adhered to as per paragraph 2.
- ☐ Incident has been recorded in the Incident Report Book.
(*Copy of record attached*)
- ☐ 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 injury.

Where refused, I confirm that (*please tick as appropriate*):

- ☐ Reason for refusal has been provided to the teacher on the Decision Notice
- ☐ Incident has been recorded in the Incident Report Book.
(*Copy of record attached*)
- ☐ 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 injury.

Commencement date: _____ End date: _____

Signature: _____ Date: _____
(Employer)

Application Form/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.