

APPLICATION FOR PAYMENT OF A QUALIFICATION ALLOWANCE TO REGISTERED TEACHERS

FORM TSNA-QA1

Application Details

Personal Details:-	
Full Name:	
Postal Address:	
Telephone Number:	
Payroll Number (as per payslip):	
PPS Number:	
Teaching Council Registration Number:	
Date of Teaching Council Registration:	
Date first employed as a teacher in a quali	D D M M Y Y ified
and/or registered capacity (as appropriate the Public Sector (i.e. paid from public funds)	
Were you employed on 5/12/2011	Yes No
Employer Details:-	
School Name and Address:	
School Roll Number:	
Qualification Details: - for which allowance is now being of	claimed
Title of Qualification:	
Grade Achieved:	
Awarding Body:	
Start Date of Award:	Date on which course of study commenced.
Date of Award:	D D M M Y Y D D D D D D D D D D M M Y Y parchment - whichever is earlier

This is a two page form. Please ensure that you have completed both page one and two in full.

Course Details:- (for awards after 5th December 2011 only)

Were you actively undertaking the course on 5/12/2011 Yes No
Did you cease to be a registered student on this course on any date between 5/12/2011 and date of completion:
If yes, give details:
Checklist for completion:-
(1) I have enclosed a full photocopy of my degree/higher diploma parchment (i.e. the parchment relevant to the allowance being claimed)
2a) My qualification is classified i.e. awarded with first/second/third class honours or pass grades. I have enclosed an original statement of results/transcript from the awarding authority confirming classification (First/Second/Third Class Honours or Pass). <i>Please Note: A computer printout or photocopy is not sufficient. Your statement of results/transcript will be returned to you by post.</i>
OR
 2b) My qualification is unclassified i.e. awarded on a Pass or Fail basis and I wish to apply for an Honours allowance. I have enclosed (1) an original statement of results/transcript and (2) an original signed statement from the Awarding Authority (HETAC/University etc.) confirming:-
 3) My award date is after 5th December 2011. I have enclosed an original hardcopy letter of confirmation from the college stating:- (i) I was actively undertaking the course on 5th December 2011 and (ii) I did not cease to be a registered student on the course on any date between 5th December 2011 and date of completion. This letter must be signed by the Examination Officer/Registrar.
Declaration;
I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department/Education and Training Board (ETB) and that I may be prosecuted. I understand that the Department of Education and Skills/ETB may verify the information I have provided with the awarding institution.
Applicants Signature: Date:
PLEASE NOTE: Incomplete applications will be returned to the sender.
Please return to: Teacher/SNA Terms & Conditions, Qualification Allowance, Department of Education & Skills, Cornamaddy, Athlone, Co. Westmeath.
In the case of Teachers employed in Education & Training Boards return this form to the relevant ETB

Contact No: Primary – (090) 648 3824 / 3662 Post Primary – (090) 648 3832

Data Protection

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 Departments 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 Departments registration with the DPC your permission will be sought