

# APPLICATION FORM FOR CARER'S LEAVE

## ~ PART 1 ~

(TO BE COMPLETED BY THE TEACHER)

### SECTION A – PERSONAL DETAILS (BLOCK CAPITALS)

County: \_\_\_\_\_ Roll No.: \_\_\_\_\_ School: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Contact Tel. No.: \_\_\_\_\_

PPS No. (formerly known as RSI No.)         -

Name of Relevant Person for whom you wish to apply for carer's leave: \_\_\_\_\_

Have you previously availed of carer's leave? Yes  No  (Tick as appropriate)

Have you previously availed of carer's leave in respect of the Relevant Person named above? Yes  No  (Tick as appropriate)

If "Yes" state: From / / to / / Total No. of Weeks

From / / to / / Total No. of Weeks

From / / to / / Total No. of Weeks

From / / to / / Total No. of Weeks

**OVERALL TOTAL**

### SECTION B – PROPOSED PERIOD OF CARER'S LEAVE

1. Proposed start date of carer's leave:   -   -

2. Proposed end date of carer's leave:   -   -

3. State the number of weeks in total \_\_\_\_\_

### SECTION C – CERTIFICATION

I certify that the information which I have given in this application form is true and complete.

I have read the Carer's Leave Circular 5/03, and I agree to abide by the requirements of this Circular. I wish to confirm that an application for a decision that the relevant person is in need of full-time care and attention has been made to the Department of Social and Family Affairs. I understand that any incorrect or inaccurate information supplied by me in this form shall render my application null and void.

Signature: \_\_\_\_\_ Date:   -   -

## ~ PART 2 ~

(TO BE COMPLETED BY THE CHAIRPERSON OF THE BOARD OF MANAGEMENT)

### APPROVAL FOR CARER'S LEAVE

The Board of Management of \_\_\_\_\_ National School, roll number \_\_\_\_\_, has approved this application for carer's leave as detailed in Part 1 of this form.

An application for carer's leave which is approved by the Board of Management and signed by the Chairperson of the Board shall be regarded as a confirmation document in compliance with paragraph 5.4 of Primary Circular 5/03.

A copy of the completed form should be given to the teacher while the original form should be forwarded to the **Primary Payments Branch, Department of Education and Science, Cornamaddy, Athlone, Co. Westmeath** no later than two weeks before the proposed start date of the leave.

Certification in relation to the above application has been received from the Department of Social and Family Affairs. Yes  No  (Tick as appropriate)

Signature of Chairperson: \_\_\_\_\_ Date:   -   -

Address: \_\_\_\_\_

\_\_\_\_\_ Contact Tel. No.: \_\_\_\_\_

**Note:** A Board of Management which decides that a teacher is ineligible for carer's leave or decides to postpone carer's leave should inform the teacher of same in writing at least four weeks before the proposed start date of the leave.

**Only applications which have been approved by the Board should be forwarded to the Department.**