

## Appendix A - Application Form for Job Sharing

The Application Form should be fully completed annually and submitted to the employer **not later than 1<sup>st</sup> February**. A separate Application Form must be completed by each Job Sharing applicant.

### PART 1A – TEACHER APPLICATION

Teacher's Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

PPSN: \_\_\_\_\_

School Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

#### Data Protection Privacy Statement

The main purpose for which the Department requires you to provide this personal data to your employer enable your Job sharing 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 at: <https://www.education.ie/en/The-Department/Data-Protection/gdpr/gdpr.html> 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 at <https://www.education.ie/en/The-Department/Data-Protection/>. Details of this policy are also available in hard copy from Teacher/SNA Terms & Conditions, Department of Education & Skills, Cornamaddy, Athlone, Co. Westmeath, N37 X659, upon request.

**PART 1B - DETAILS OF JOB SHARING APPLICATION**

Proposed start date of Job Sharing Arrangement: \_\_\_\_\_

Please indicate in the table below your proposed Job Sharing Options.

Tick relevant box	Job Sharing Options	Details
	<b>Option 1: (a)</b> Share a wholetime post on a 50:50 basis with an existing wholetime teacher in the same school.	Teacher's name: _____
	<b>Option 1: (b)</b> Share a wholetime post on a 50:50 basis with an existing wholetime teacher in another school under an inter-school Job Sharing arrangement (Primary schools only).	Name of other teacher: _____ Name of other school: _____ Roll No of other school: _____
	<b>Option 2:</b> Reduction of wholetime teaching hours to 50% with a teacher recruited by my employer for the balance of available hours.	

**Declaration**

I wish to apply for Job Sharing in accordance with the Job Sharing Scheme as set out in Circular 0054/2019 titled '*Leave Schemes for Registered Teachers Employed in Recognised Primary and Post Primary Schools*'.

Where relevant, I consent to the transfer of the personal information provided by me on this Application Form to the partner school involved in the proposed Job Sharing arrangement.

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

Signature of Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 2 – EMPLOYER DECISION**

I certify that I have approved/refused (delete as appropriate) the Job Sharing application in accordance with the Job Sharing Scheme as set out in Circular 0054/2019 titled '*Leave Schemes for Registered Teachers Employed in Recognised Primary and Post Primary Schools*'. The following documents will be retained for audit purposes:

- 1) Application for Job Sharing
- 2) Copy of Application from Job Sharing partner (where applicable)
- 3) Copy of Decision Notice issued to teacher

Approved Job Sharing has been recorded on the OLCS/relevant ETB system

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employer (Host school))

**\* The second signature below is only required in respect of an Inter-school Job Sharing Arrangement (Primary schools only)**

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employer of base school)

\*School Name \_\_\_\_\_ Roll No: \_\_\_\_\_

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