

PRIMARY TEACHER APPOINTMENT FORM 2010 / 2011

This version of the 2010/2011 form should be completed for any appointment made after 1st January 2011

IMPORTANT NOTES FOR COMPLETING THIS FORM:

- 1. Incomplete forms will be returned to the school.
- 2. This completed form should be forwarded to the Primary Teachers Payroll Section, Department of Education and Skills, Cornamaddy, Athlone, Co. Westmeath.
- 3. Please ensure that the Roll Number of the school is written on the envelope.
- 4. Sections of the form marked with ** need not be completed if being re-appointed in the same school.

1. SCHOOL DETAILS

Roll No

Name: _____

Address: _____

E-mail: _____ Telephone No: _____

2. TEACHERS PERSONAL DETAILS

Teacher's PPS No.
(Compulsory for salary)

Payroll No.
(if known)

Title: Gender: Male Female

Surname: _____ First Name(s) _____

Please indicate if you ever changed your name: (e.g. on marriage or by deed poll) _____

Former name _____

Permanent Home Address: _____

All correspondence to personnel paid on the Department's payroll must issue to their permanent home address

Date of birth **: - -
Day Month Year (verified from full birth certificate.)

Contact Telephone No: _____

Mobile No. if possible _____

Personal E-mail: _____

Is the proposed appointee a non-EU citizen? Yes No
If the appointee is a non-EU citizen, a copy of the work permit must be retained in the school.

Is the proposed appointee considered to be a new entrant? ** Yes No
Please refer to [P10/2004](#)

2.1. BANK DETAILS FOR LODGEMENT OF SALARY**

Bank Name: _____
Bank Address: _____
Full name in which A/C is held: _____

A/C No: Bank Sort Code:

NB Please ensure your Bank Account is within the Republic of Ireland and will support the Electronic Money Transfer System

3. EMPLOYMENT DETAILS

3.1 WHOLETIME

Permanent: Fixed Term: C.I.D.:
 (Temporary)

Date of Appointment: - -
Day Month Year

In case of Temporary appointment - please complete end-date if known*

End Date of Temporary appointment * - -
Day Month Year

*If unknown, it is important to inform Primary Teachers Payroll Section at least two weeks prior to the end date

Type of Post: _____
 e.g. Principal, Mainstream Class Teacher, Learning Support/Resource Teacher, etc)

Origin of the post _____
 e.g. Replacing Retirement (Compulsory/Voluntary/Disability) / Resignation / Jobshare / Career Break Replacement
 (New Post because, projected enrolment / curricular concession / special needs / non nationals / travellers)
 Secondment / Death / Other (State Reason)

Is this a newly sanctioned post replacing existing part time teacher(s)? Yes No

Name of Teacher(s) being replaced: _____ PPSN

Is Teacher taken from Panel Yes No If Yes, please state Panel _____

3.2 PART-TIME

Regular Part Time: Fixed Term Part Time: C.I.D.:

Date of Appointment: - -
Day Month Year

End Date of Part Time appointment * - -
Day Month Year

*If unknown, it is important to inform Primary Teachers Payroll Section at least two weeks prior to the end date

Indicate post to which teacher is being assigned

	Tick	Hours	Minutes
Learning Support/Resource	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Resource	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Language Support	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Specialist Subject	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other - please specify	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Origin of the post _____
 e.g. New post, replacing a teacher who has resigned/retired.

Name of Teacher being replaced: _____ PPSN

4. DETAILS OF TEACHING COUNCIL REGISTRATION

The proposed appointee should have qualifications suited to the post.

Is the proposed appointee currently registered with the Teaching Council? Yes No

If Yes, Please attach a copy of the Certificate/Confirmation of Registration from the Teaching Council

If 'No', please refer to [Circular 40/2010](#)

4.1 Registration Details

Registration number: Registration/Renewal Date

Registered Under Regulation (Educational Sector) Please tick appropriate box(es) below.

As stated on the Teaching Council Certificate of Registration or Confirmation of Registration

A) Teaching Council Regulation 2 - Primary / Education Sector - Primary (4 - 12 years)

Full Conditional

If Conditional, please provide details of the registration condition(s) below:

Registration Condition(s)

Condition(s) Expiry Date*

B) Teaching Council Regulation 3 - Montessori and other categories

Also known as Restricted Recognition under [Circular Letter 25/00](#)

Full Conditional

If Conditional, please provide details of the registration condition(s) below:

Registration Condition(s)

Condition(s) Expiry Date*

C) Other Regulation or Sector, please specify.

Persons not registered under A or B above will be paid at the unqualified rate (except in the case of special schools that cater for pupils of post-primary age where it is sanctioned by the Department). The post should be readvertised as soon as possible. See [Circular 40/2010](#).

Full Conditional

If Conditional, please provide details of the registration condition(s) below:

Registration Condition(s)

Condition(s) Expiry Date*

* Conditions expiry date to be included where known. Otherwise leave blank.

5. QUALIFICATION DETAILS OF PROPOSED TEACHER**

Please provide hereunder details of all qualifications held by the proposed appointee.

Qualification	College Attended	Year of Conferral	Level Achieved

6. GARDA VETTING

[Garda Vetting \(Circular 0063/2010 effective from 1 January 2011\)](#)

(A) Has the proposed appointee been garda vetted during the current or previous calendar year?

YES NO

If the answer to question (A) is "NO" then this appointment can only be made if the school authority (for reasons outside of its control) has been unable to complete the vetting process in advance of this appointment being made. The application for vetting must have been submitted at the earliest possible stage prior to the commencement date of the post and the proposed appointee must have confirmed acceptance in writing that his / her appointment is subject to the satisfactory outcome of the vetting process.

Tick YES to confirm that all of these requirements have been met in respect of this appointment. Otherwise you must tick NO

YES NO

If "NO" the proposed appointee does not meet the terms of Garda Vetting (Circular 0063/2010) and is not eligible to be appointed. This Appointment Form should not be submitted to the Department.

(B) Has the proposed appointee provided to the school authority, in accordance with Circular 0063/2010, a child protection related statutory declaration that has been made during the current or previous calendar year?

YES NO

If the answer to question (B) is "NO" the proposed appointee does not meet the terms of Garda Vetting (Circular 0063/2010) and is not eligible to be appointed. This Appointment Form should not be submitted to the Department.

7. MEDICAL FITNESS TO TEACH**

Have you received confirmation of fitness to teach in respect of the proposed appointee from the Occupational Health Service in accordance with [Circular 65/08](#) ?

Yes No Not applicable

This applies to all successful candidates being appointed for the first time to a teaching position in the Republic of Ireland or teachers returning from leave of absence or other break in service in excess of two full school years - as per standard operating procedures attached to [Circular 65/08](#)

If No, appointment form should not be completed until confirmation is received

8. PREVIOUS TEACHING SERVICE IN REPUBLIC OF IRELAND**

(need not be completed if being re-appointed in the same school)

FROM	TO	STATUS OF POST	SCHOOL NAME AND ADDRESS	ROLL NO

N.B. If you have previous service other than mentioned above you may be entitled to incremental credit. See [Circular 10/01](#)

9. PAYE DETAILS

You must hold a current Certificate of Tax Credits for this employment (Employer Reg. No 4000099H). If you do not, please contact your local Tax office in this matter, otherwise PAYE will be deducted in accordance with Emergency Tax Rates.

If you hold a P45 in respect of your most recent employment in *this tax year*, attach same here.

10. OTHER DETAILS

Is the proposed appointee currently in receipt of pension from the Department of Education and Skills or any V.E.C.?** Yes No

If 'Yes', please give details of pension i.e. voluntary, disability, early retirement strand, compulsory:

Is the proposed appointee currently on leave, e.g. career break, from another employment? Yes No

If 'Yes', please give details of leave type and employer

Please tick if the proposed appointee would like to receive correspondence through Irish:

11. MANDATE FORM**

The two mandates below should be completed by teachers who are liable for PRSI Class A.
 Payment of salary during periods of absence is dependent on compliance with PRSI regulations

FORM OF AUTHORISATION - ILLNESS BENEFIT PAYMENTS

I have read and understand the conditions and procedures involved in the operation of illness benefit pay schemes applicable to primary teachers. I am aware that depending on my PRSI contribution record I may be entitled to payment from the Department of Social Protection in respect of absences under these schemes. I acknowledge that payment from the Department of Education and Skills during absence on illness leave will be subject to the following conditions:

- (a) that I make the necessary claims for social insurance benefit to the Department of Social Protection within the required time limits and will, to the best of my ability, comply with whatever requirements are laid down by that Department as a condition of claiming benefit
- (b) that I authorise the Department of Social Protection to pay any benefit due to me directly to the Department Education and Skills' bank account
- (c) that I authorise the Department Education and Skills to apply amended conditions in relation to the payment of illness benefit that may be introduced to comply with Revenue and Department of Social Protection regulations

I also acknowledge that any payments due to me from the Department of Social Protection in respect of such absences under the current arrangements for payment may be recovered by deduction from my salary in the event that I fail to comply with the foregoing conditions.

Accordingly, I accept that in order to ensure compliance with the above undertaking and the illness leave regulations, the Department of Education and Skills may be required to make direct contact with the Department of Social Protection to establish what payments were made to me, when they were made and the amount and duration of such payments. I hereby authorise the Department of Education and Skills to make such enquiries. I understand that any information obtained from the Department of Social Protection will be used only for the foregoing purposes and will not be disclosed to any unauthorised person.

Signed:	Date:
PPS No:	School Roll No:

FORM OF AUTHORISATION - MATERNITY BENEFIT PAYMENT

I have read and understand the conditions and procedures involved in the operation of maternity/adoptive pay schemes applicable to primary teachers. I am aware that depending on my PRSI contribution record I may be entitled to payment from the Department of Social Protection in respect of absences under these schemes. I acknowledge that payment from the Department of Education and Skills during absence on maternity/adoptive leave will be subject to the following conditions:

- (a) that I make the necessary claims for social insurance benefit to the Department of Social Protection within the required time limits and will, to the best of my ability, comply with whatever requirements are laid down by that Department as a condition of claiming benefit
- (b) that I authorise the Department Education and Skills to deduct any benefit due to me in respect of such absences under the social insurance system directly from my salary;

I also acknowledge that any payments due to me from the Department of Social Protection in respect of such absences may be recovered by deduction from my salary in the event that I fail to comply with the foregoing conditions.

Accordingly, I accept that in order to ensure compliance with the above undertaking and the maternity/adoptive leave regulations, the Department of Education and Skills may be required to make direct contact with the Department of Social Protection to establish what payments were made to me, when they were made and the amount and duration of such payments. I hereby authorise the Department of Education and Skills to make such enquiries. I understand that any information obtained from the Department of Social Protection will be used only for the foregoing purposes and will not be disclosed to any unauthorised person.

Signed:	Date:
PPS No:	School Roll No:

Data Protection

The Department of Education and Skills will treat all personal data provided 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 provided is to be used for purposes other than outlined in the Departments registration with the DPC the proposed appointee's permission will be sought.

12. Declaration by Appointee:

In the case of each of the following I certify that:

Tick:

I the undersigned declare that the information recorded in this document is true accurate and complete in all respects. I understand that I am responsible for the accuracy of the information and that if I wilfully suppress any information I risk the loss of appointment.

I declare that I will seek approval from my employer before engaging in any external work and that any external work engaged in by me must not be such as to interfere with the fulfilling of my duties and responsibilities to the school.

I declare that I will refund to the Minister for Education and Skills any monies paid to me which are not properly payable under the Rules for National Schools and relevant Department Circulars.

I am currently registered with the Teaching Council and I will continue to renew my registration with the Teaching Council for the duration of my appointment.

I have authorised the Teaching Council to allow the Department of Education & Skills access to my registration details on the Teaching Council Interface to ensure payment of the correct qualification allowance.

I have read the contract of employment and agree to abide by the terms.

I understand that upon receipt of all relevant documentation in the Department it may take 6 weeks before payment is made to me. This is due to completion of the payroll process and if this document is returned incomplete that I will not be paid salary until after a fully completed form is received and processed by the Department.

I have signed the illness benefit and maternity benefit mandate forms, if paying class A PRSI.

I confirm that, in accordance with the requirements of Circular 0063/2010, I have provided the school authority with a child protection related statutory declaration which was made in the current or the previous calendar year.

I also confirm to the school authority that since the date on which I signed that statutory declaration, to the best of my knowledge and belief there is nothing, from a child protection perspective, in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in relation to children or vulnerable adults in which I would be placed by virtue of my appointment to a teaching post in this school.

I also undertake to inform the above school authority of any changes to the above stated position that may affect my suitability, from a child protection perspective, for continued employment with the school authority or for any subsequent employment with the school authority.

I acknowledge and understand that any false or misleading confirmation as to my conduct, character or personal background or any failure of mine to inform the school authority of relevant changes that may affect my suitability, from a child protection perspective, will constitute a breach of my contract of employment and may be grounds for summary dismissal by the school authority.

Note: The proposed appointee and the principal must sign this section in each others presence.

Teachers signature: _____

Date: _____

Principals Signature: _____

Date: _____

13. Declaration by Chairperson of the Board of Management:

In the case of each of the following I certify that:

Tick:

I have completed all the relevant sections in this document and the detail therein is true and accurate.

I have checked employment references with at least 2 of the most recent employers and also verified with them the most recent employment records.

I have received confirmation of fitness to teach in respect of the proposed appointee from the Occupational Health Service, if necessary as provided for at section 7.

I have examined the original Certificate/Confirmation of Teaching Council Registration and attach a copy.

I verify that the proposed appointee has qualifications suited to the purpose of the post for which s/he is proposed. Please refer to [circular 40/2010](#) and [Circular 0021/2010](#)

A written contract of employment has been signed by both parties, this contract is held in this school and a copy has been given to the teacher.

I accept that it is the responsibility of the school authority to ensure that this form is correctly completed in order for salary and allowances to be paid to the proposed appointee.

If the proposed appointee is a non-EU citizen, a copy of the work permit is retained in the school

I verify that the requirements of Garda Vetting Circular 0063/2010 have been met in respect of this proposed appointee.

Signed:

Chairperson of the Board of Management

Date: _____