

APPLICATION FORM FOR ACCESS TO THE SUPPLEMENTARY PANEL FOR THE 2026/27 SCHOOL YEAR

NOTE: **Part 1 of this form must be completed in full by applicants for all panels.**

Part 2 of this form must also be completed by applicants for the Educate Together or An Foras Pátrúnachta National Panels.

Part 3 of this form must be signed by all applicants.

Part 4 of this form should be completed by all applicants.

Part 1

1. Panel Details

Name of Panel : _____

Insert Catholic, Church of Ireland, Educate Together, An Foras Pátrúnachta or ETB.

Panel Area: _____

(For Catholic or Church of Ireland Diocese Panels insert Name of Diocese/United Diocese e.g. Catholic Diocese of Cloyne/ United Dioceses of Meath & Kildare. For ETB, insert name of ETB. For Educate Together or An Foras Pátrúnachta, leave blank)

The name of the panel must be the panel area where the majority of teaching service was given in the calendar year 2025 or the panel area where you are currently teaching provided you are contracted (as a minimum) to teach from on or before 19 December 2025 to the end of the 2025/26 school year.

2. Teacher Details

Teacher's Name : _____

PPSN: _____

Teaching Council Registration Number: _____

(A copy of your Teaching Council Confirmation of Registration must be attached to this form)

Contact Phone No. : _____

E-Mail Address : _____

Training College : _____

3. Irish Language

- Tick this box ☐ if you **have** a particular interest in being redeployed to a school that operates through the medium of Irish
- Tick this box ☐ if you **do not have** a particular interest in being redeployed to a school that operates through the medium of Irish

4. Teaching in a Special School

- Tick this box ☐ if you **have** a particular interest in being redeployed to a special school*
- Tick this box ☐ if you **do not have** a particular interest in being redeployed to a special school*

(*this relates to special schools which operate under the patronage of your panel operator; the expression of interest does not extend to a special class in an ordinary school)

5. School Details

The school used for panel purposes must be in the panel area that you are applying for, i.e. either the school within that panel area where the majority of your teaching service during the calendar year 2025 was given or the school where you are contracted (as a minimum) to teach from 19 December 2025 to the end of the 2025/26 school year

Roll No: _____ School Name : _____

School Address: _____

School Phone No. : _____

6. Contract Details

- (a) I currently hold a fixed-term/substitute/part-time contract until the end of the 2025/26 school year
Yes ☐ No ☐

If you have answered Yes at (a), please complete (b) below:

- (b) I am contracted to teach in a fixed-term/substitute/part-time (delete as appropriate) position in:

School Name: _____

School Roll No: _____

from (date) _____ to (date) _____

7. Salary Eligibility Requirements

(Please complete (a), (b) and (c) below)

- (a) I am currently working as a full-time / part-time (delete as appropriate) teacher. I confirm that I meet the salary eligibility requirements as set out in Part 2, Point 2 of Circular 0074/2025 ☐

If you have a part-time contract, please provide your average weekly part-time hours for the calendar year 2025: _____

- (b) Has your salary scale point has been affected by any of the following. Please tick the appropriate box below.

- | | | |
|--|------------------------------|-----------------------------|
| a) I have previous teaching service in a permanent/CID capacity: | Yes ☐ | No ☐ |
| b) I have previous post primary teaching service | Yes ☐ | No ☐ |
| c) I have received incremental credit | Yes ☐ | No ☐ |

- (c) In the 2025 calendar year, I availed of:

maternity leave	Yes ☐	No ☐
adoptive leave	Yes ☐	No ☐
parent's leave	Yes ☐	No ☐

Part 2

National Panels

EDUCATE TOGETHER OR AN FORAS PÁTRÚNACHTA NATIONAL PANELS

You should only complete Part 2 if you have applied at Part 1 for access to the Educate Together or An Foras Pátrúnachta National Panels.

1. I am willing to consider the offer of a post outside the 45km limit of my current school.

Yes ☐ No ☐

If you have answered **Yes** above, please place a tick beside the county/counties below in which you are willing to consider the offer of a post.

Carlow	☐	Cavan	☐	Clare	☐	Cork	☐
Donegal	☐	Dublin	☐	Galway	☐	Kerry	☐
Kildare	☐	Kilkenny	☐	Laois	☐	Leitrim	☐
Limerick	☐	Longford	☐	Louth	☐	Mayo	☐
Meath	☐	Monaghan	☐	Offaly	☐	Roscommon	☐
Sligo	☐	Tipperary	☐	Waterford	☐	Westmeath	☐
Wexford	☐	Wicklow	☐				

Signature of Teacher : _____

Date:_____

Part 3

Declaration of Applicant

I hereby apply to have my name placed on the above named Supplementary Panel.

1. I have read Circular 0074/2025 and declare that I satisfy the eligibility criteria.
2. I agree to abide by the redeployment arrangements which govern the operation of the Supplementary Redeployment Panel at primary level, as set out in the FAQ document.
3. I understand and accept that any inaccurate or misleading information supplied by me in completing this application form will invalidate my application for access to the Supplementary Panel.
4. I understand the information provided on this form will be subject to verification by the Department before my name is passed onto the relevant patron for inclusion on the panel. I understand that completion of this form does not entitle me to panel rights and that the final decision for admittance to a panel rests with the relevant patron.
5. I understand that where a school with a permanent vacancy engages with the Supplementary Panel by using a website to seek expressions of interest from teachers on the Supplementary Panel and I am interested in the vacancy, I must submit my expression of interest to the school within the required timeframe. I understand that my place on the Supplementary Panel will not be affected if I opt not to submit an expression of interest to any school filling its vacancy through this process. I understand if I express an interest in a vacancy but am unsuccessful in securing the post, I will remain on the Supplementary Panel.
6. I accept that my name will be removed from the Panel if :
 - **I am not contactable using the details provided in this form**
 - **I fail to respond within three calendar days to any email request for a CV and/or interview by a school**
 - **I refuse to attend for interview within the agreed distance limits**
 - **I fail to respond within three calendar days to any email offer of a post from a school**
 - **I refuse to accept an email offer of a post within the agreed distance limits**
7. I accept that if at any time I allow my Teaching Council registration to lapse, or if I am removed from the Register for any reason, I will be removed from the Panel and that my employment will be terminated with the school to which I am redeployed with immediate effect.
8. I accept that any appointment from the Supplementary Panel will be:
 - subject to medical screening
 - subject to confirmation of qualifications
9. I accept that any appointment arising from this panel will be subject to meeting the required vetting requirements.
10. I accept that any appointment from the Supplementary Panel will be conditional on and subject to the terms and conditions set out in the/any letter of offer from the employing school/employer.
11. I accept that any appointment arising from this panel will be subject to a checking process by the Department at appointment stage in relation to meeting the eligibility criteria and that this checking process may invalidate my proposed appointment.
12. I undertake to notify the relevant Panel Operator and return the Supplementary Panel Update Form (PUF) to the Department if I take up a post for the 2026/27 school year or if I decide to leave the panel for any reason. I understand that if I leave the panel for any reason I cannot be subsequently reinstated.

I confirm that the information I have supplied is true and accurate.

Signature of Teacher : _____

Date: _____

Part 4

Summary Checklist for Teachers prior to submitting the panel form

- I have completed in full each question in Part 1 of the Application Form ☐
- I am applying for the Educate Together Panel or An Foras Pátrúnachta Panel and I have completed Part 2 of the Application Form ☐
- Copy of Teaching Council Registration is attached to the completed application form ☐
- I have retained evidence of postage
(Forms posted on or after the closing date will not be accepted) ☐
- Completed applications must be returned to:

Primary Teacher Allocations Section, Department of Education, Cornamaddy, Athlone, Co Westmeath, N37 X659 to be received by 5pm on Friday 19 December 2025

- Under no circumstances will application forms be accepted after Friday 19 December 2025. Applications will only be accepted by post; email applications will not be accepted.

Data Protection Privacy Statement

The main purpose for which the Department requires the personal data provided by you is to establish if you are eligible to be placed on the Supplementary Panel and your deployment into a school from that Panel.

The personal data provided may be shared with the panel operator of the Supplementary Redeployment Panel to which you apply to be placed on, in order that your name appears on the Supplementary Panel list; schools with permanent vacancies to be filled for the 2026/27 school year; and the Teaching Council in respect of the status of your registration. The privacy notice outlining further information in relation to this form can be found at www.education.gov.ie.

Full details of the Department's data protection policy setting out how we will use your personal data or that of your child's 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 and privacy notice are also available in hard copy from the address below upon request:

Primary Allocations
Department of Education
Cornamaddy
Athlone
Co. Westmeath
N37 X659