Incremental Credit Application Form for teaching service in a Private Post-Primary School within the EU

INSTRUCTIONS FOR COMPLETION

A The applicant is required to make application in writing by completing and *signing* Sections 1 & 2 of this form.

B All certification required in Sections 3 must be signed by the appropriate school authority to which the claimant should forward the entire form after completing Sections 1 & 2.

The claimant must provide the certifying school authority with the appropriate address, as indicated at C below, to which that authority should forward the completed form directly.

C Address for submission of claim in the case of a claimant who is a:

(i) Secondary/Community/Comprehensive School Teacher:
Teacher / SNA Incremental Credit Section, Department of Education & Science, Athlone, Co. Westmeath.

(ii) Vocational School/Community College Teacher:

CEO of the relevant Vocational Education Committee by which claimant is currently employed.

SECTION 1 – to be completed by Applicant

1 (a) Applicant: Name:
Address:

(b) School where currently employed in Ireland Name:
Address:

Roll No:

(c) PPSN (RSI) No. Payroll No:

(d) Date of Birth

3 Qualifications held:

Qualification Title	Awarding Body	Subject(s) of Final Examination	Year of Award

SECTION 2 – to be completed by Applicant

1. (a) Exact period in respect of which this incremental credit is now being claimed:
Give specific dates DD/MM/YYYY

(b) Name and address of Private Post-Primary school where this service was given

2 (a) Have you previously claimed and/or received incremental credit on the incremental salary scale under the terms of any incremental Credit scheme in operation in Ireland?

Yes ☐ No ☐
Please tick appropriate box

(b) If the answer to above is "Yes", please give details

3 **Subjects which you currently teach** in school stated in Section 1, Paragraph 2(b)

I certify that (a) I have read Circular 0029/2010 for the award of incremental credit and (b) the details given above are accurate and correct.

Signature of Applicant: _____ Date: _____

NO FURTHER INFORMATION ON THIS FORM SHOULD BE COMPLETED BY THE APPLICANT - SEE INSTRUCTIONS ON PAGE 1.

ADDITIONAL DOCUMENTARY EVIDENCE MAY BE SOUGHT IN SUPPORT OF THE INFORMATION GIVEN IF NOT ENOUGH INFORMATION IS PROVIDED

SECTION 3 – to be completed by previous Private School Authority

PREVIOUS TEACHING SERVICE IN PRIVATE POST-PRIMARY SCHOOL

1 School Details

(a) Name/Address of School

(b) Date of establishment of school
Give specific dates DD/MM/YYYY

From: To:

(c) Start/end dates of normal school year in that school
Give specific dates DD/MM/YYYY

From: To:

(e) Is the school

(i) situated in a Member State of the EU Yes ☐ No ☐

(ii) offering a range of studies which incorporates all the courses prescribed on the national curriculum of the State in which the school is located Yes ☐ No ☐

(iii) offering a full range of classes to all pupils within its designated range Yes ☐ No ☐

(iv) funded by the payment of pupil fees Yes ☐ No ☐

(v) open to receive pupils for the duration of the Post-Primary school year Yes ☐ No ☐

2 Teacher and Service Details

(a) Name:

(b) Address

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(c) Period of employment in this school:
Give specific dates DD/MM/YYYY

From: To:

(d) Subjects taught:

(e) Was the service remunerated? Yes ☐ No ☐

(f) State number of class teaching hours worked in each year of service:

School Year:						
Employment type*						
Completed teaching hours						

*wholetime, Pro-Rata Teacher Contract (RPT), Fixed Term Contract of less than one year, other Non-Casual, Casual (substitute).

I certify that all information given above is true and correct in accordance with the employment records of this school.

Authenticating Stamp

Signature: _____

Position:_____
(Principal)

Date: _____

Note

The Department of Education and Science 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 you have provided is to be used for purposes other than outlined in the Departments registration with the DPC your permission will be sought.