

Application Form for Permanent/CID Holding Teachers' Access to the Main Redeployment Panel for the 2018/19 school year

NOTE: Part 1 of this form must be completed in full by all applicants and for all panels. Applicants must submit a copy of their Teaching Council Registration profile with this application.

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

Part 3 (if applicable) and 4 of the form should be completed by the Chairperson of the Board of Management.

Completed forms should be returned to: **Primary Teacher Allocations Section, Department of Education & Skills, Cornamaddy, Athlone, Co. Westmeath by Friday, 23rd February 2018.**

Roll No.: _____

Part 1 (all applicants to complete Part 1)

1. Panel Details

Name of Panel: _____

Insert Catholic, Church of Ireland, Educate Together, An Foras Pátrúnachta, Special National Panel

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 Educate Together, An Foras Pátrúnachta or Special National Panel - leave blank)

2. Teacher & School Details

Teacher's Name: _____

PPSN: _____

Teaching Council Registration No.: _____

(A copy of your Teaching Council Registration profile must be attached)

Postal Address: _____

Phone No.: _____

E-mail Address: _____ (Compulsory – Form will be returned if left blank)

Training College: _____

School Name & Address: _____

Roll No.: _____

School Phone No.: _____

Chairperson's Name: _____

Contact Address: _____

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. Registration

Primary Qualified

I hold full registration (I am registered without conditions) with the Teaching Council under section 31(5) of the Teaching Council Acts, 2001- 2012, regulation 2 / 'primary'

Or

I am registered with conditions under section 31(5) and I expect to meet in full the conditions of my registration under Regulation 2/Primary on or before 31 August 2018.

Montessori/Primary/Special Needs Qualified

I hold full registration (I am registered without conditions) with the Teaching Council under section 31(5) of the Teaching Council Acts, 2001-2012, Route 4/Regulation 3/'Montessori and Other',

Or

I am registered with conditions under section 31(5) and I expect to meet in full the conditions of my registration under Route 4/Regulation 3/'Montessori and Other' on or before 31 August 2018.

Teachers automatically registered on establishment of the Teaching Council in 2006

I am registered with the Teaching Council under section 31(2) and 31(3) of the Teaching Council Acts, 2001 - 2012 as 'Primary / Montessori and Other' (circle as appropriate) and I am fully qualified having satisfied all shortfalls, if any, identified by the Department of Education and Skills and the Teaching Council.

Or

I am registered with the Teaching Council under section 31(2) and 31(3) of the Teaching Council Acts, 2001 - 2012 as 'Primary / Montessori and Other' (circle as appropriate) and I have outstanding shortfalls identified by the Department of Education and Skills and the Teaching Council.

Declaration:

1. I hereby apply to have my name placed on the above named Main Panel.
2. I understand that the information provided on this form will be subject to verification by the Department before my name is passed to the relevant Patron for inclusion on the panel. Accordingly, I understand that completion of this form does not automatically confer panel access and the final decision to admit me to a panel rests with the relevant Patron.
3. I am satisfied that I am the most junior eligible permanent teacher/CID holder in the school / I have volunteered to exchange panel rights with the most junior eligible permanent teacher in the school with the consent of the school Patron (delete as appropriate).
4. I agree to abide by the redeployment arrangements which govern the operation of the main redeployment panel at primary level.
5. I understand and agree that my contact details will be circulated to relevant bodies and that non-personal information may be published on relevant websites to facilitate my redeployment.
6. I accept that my name will be removed from the Panel if:
 - a. I am not contactable using the details provided on this form
 - b. I fail to respond within three calendar days to any request for interview by a school including any such requests by email
 - c. I fail to respond within three calendar days to any offer of a post from a school including any such offer by email
 - d. I refuse to accept an offer of a post which is 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/or my employment will be terminated with the school to which I am redeployed with immediate effect.
8. I accept that any appointment arising from this panel will be subject to the required vetting requirements.
9. I accept that any appointment arising from this panel will be subject to medical screening, where appropriate.
10. I undertake to notify the relevant Panel Operator and submit a completed Panel Update Form (PUF) to the Primary Teacher Allocations Section of the Department when I accept a post for the 2018/19 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.
11. I accept that any appointment from the 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.

I confirm the information that I have provided for this application to be true and accurate.

Signature of Teacher: _____

Date: _____

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.

Note 1:

Do not complete this section if you are applying for access to a Catholic Diocesan or Church of Ireland/United Diocesan Panel

Note 2:

Applicants completing this section must also have completed Part 1

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

Please circle Yes or No

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

Carlow	<input type="checkbox"/>	Cavan	<input type="checkbox"/>	Clare	<input type="checkbox"/>	Cork	<input type="checkbox"/>
Donegal	<input type="checkbox"/>	Dublin	<input type="checkbox"/>	Galway	<input type="checkbox"/>	Kerry	<input type="checkbox"/>
Kildare	<input type="checkbox"/>	Kilkenny	<input type="checkbox"/>	Laois	<input type="checkbox"/>	Leitrim	<input type="checkbox"/>
Limerick	<input type="checkbox"/>	Longford	<input type="checkbox"/>	Louth	<input type="checkbox"/>	Mayo	<input type="checkbox"/>
Meath	<input type="checkbox"/>	Monaghan	<input type="checkbox"/>	Offaly	<input type="checkbox"/>	Roscommon	<input type="checkbox"/>
Sligo	<input type="checkbox"/>	Tipperary	<input type="checkbox"/>	Waterford	<input type="checkbox"/>	Westmeath	<input type="checkbox"/>
Wexford	<input type="checkbox"/>	Wicklow	<input type="checkbox"/>				

Signature of Teacher: _____

Date: _____

Part 3

Ineligibility for Panel Rights

(for completion by Chairperson of Board of Management, if relevant)

If the teacher affected by the suppression of a permanent post is ineligible for panel rights, it is vital to notify both the teacher and the Department of the position. Please provide the identity of the teacher affected below.

Teacher's Name: _____ PPSN: _____

Signature of Chairperson: _____ Date: _____

Part 4

(for completion by Chairperson)

- I am satisfied that the information in Part 1 and Part 2 or Part 3 of this form, as appropriate, is accurate.
- In relation to Part 1 and Part 2 (if relevant), I hereby approve of the teacher's application for inclusion on the above named Main Panel as indicated therein by the teacher.
- In relation to Part 3 (if relevant), I confirm that I have informed the teacher identified that his/her post has been suppressed, that he/she is ineligible for panel rights.

Signature of Chairperson: _____

Date: _____

Phone No.: _____

E-mail Address: _____

(the Chairperson's contact details will be circulated to relevant bodies to facilitate the teacher's redeployment, if eligible)