



**PROPOSAL FOR SECONDMENT OF A PRIMARY TEACHER**

**Checklist for Return**

Please ensure the following are enclosed:

- ✓ Completed Proposal Form
- ✓ Board of Management Approval
- ✓ Letter from Seconded teacher consenting to details of salary being made available to the organisation
- ✓ In the case of secondments to an external organisation a written guarantee from the host organisation's banker or external auditor that the host organisation would be in a position to discharge the costs arising from the secondment.

**Instructions for completion**

- A. The school authority should complete Parts 1 & 2 and arrange for the host organisation to complete part 3 of this form. All parts of the form should then be forwarded by the school authority to Teacher/SNA Terms & Conditions, Department of Education and Skills, Cornamaddy, Athlone, Co. Westmeath.
- B. In the case of secondments to the Department of Education and Skills Programmes, the school authority should complete parts 1 & 2 of the form and send to the host organisation for completion of parts 3 & 4. The host organisation should then forward all parts of the form directly to Teacher Education Section, Department of Education and Skills, Cornamaddy, Athlone, Co. Westmeath.

**PART 1**

(To be completed by school authority)

- 1.1 Name of School: \_\_\_\_\_
- 1.2 Address of School: \_\_\_\_\_
- 1.3 Roll No. of School: \_\_\_\_\_
- 1.4 Name of Teacher: \_\_\_\_\_
- 1.5 Status: Full-time or Part-time (incl. Job-sharing): \_\_\_\_\_
- 1.6 Is the teacher already seconded to another organisation? YES/NO: \_\_\_\_\_
- If YES, please state:
- 1.7 Name of other organisation: \_\_\_\_\_
- 1.8 Address of other organisation: \_\_\_\_\_
- 1.9 Purpose of secondment: \_\_\_\_\_
- 1.10 Teacher PPSN number: \_\_\_\_\_ Teacher Payroll number: \_\_\_\_\_

PART 2

CERTIFICATION BY SCHOOL AUTHORITY

- 3.1 I certify that :
- 3.1.1 the criteria for secondments as outlined in [circular letter 11/02](#) has been fully complied with.
  - 3.1.2 the seconded teacher has consented in writing to details of her/his salary being made available to the host organisation (Copy of letter attached).
  - 3.1.3 the secondment has been approved by the Board of Management of the school (Copy of letter attached).

Principal/Secretary to Board: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

PART 3

(To be completed by host organisation)

2.1 Name of organisation: \_\_\_\_\_

2.2 Address of organisation: \_\_\_\_\_

2.3 Contact name within organisation: \_\_\_\_\_

2.4 Contact Tel. No.: \_\_\_\_\_

2.5 Please provide a detailed description of the work to be carried out by the teacher when seconded (Please see 9.2 (a) of [circular letter 11/02](#))

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.6 Duration of proposed secondment: From: \_\_\_\_\_ To: \_\_\_\_\_

2.7 Is the secondment to be: Full-time\_\_\_\_or Part-time\_\_\_\_ (Tick as Appropriate).  
(Part-time is for less than five days a week).

2.8 If part-time, please indicate the specific number of days per week/month involved:

\_\_\_\_\_

2.9 Recoupment request to be sent to:

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**CERTIFICATION BY HOST ORGANISATION.**

2.10 I certify that:

2.10.1 the criteria for secondments as outlined in [circular letter 11/02](#) has been fully complied with

2.10.2 the organisation is in a position to discharge the costs arising from the secondment

Signed: \_\_\_\_\_

\*Position in Head Quarters of the Host Organisation: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\*Certification must be authorised by the managerial authority of the organisation and signed by (or on behalf of) the managerial authority e.g. Director, General Secretary

**PART 4**

**For Secondments to Department of Education and Skills Programmes only**

4.1 Has Dept. of Finance sanction been sought? Yes \_\_\_ No \_\_\_

4.2 Category of secondment:  
(Full recoupment, Partial recoupment, Substitute recoupment, Non recoupment or other - please give details).

\_\_\_\_\_

4.3 Secondment review date:

\_\_\_\_\_

**Authorised by**

Principal Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Section: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Data Protection**

The Department of Education and Skills will treat all personal data you provide 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.