

## APPLICATION FOR PILOT VOLUNTARY REDEPLOYMENT SCHEME 2019

Refer to the [Pilot Voluntary Redeployment Scheme 2019](#) before completing this form.

This scheme is confined to teachers who are employed in counties **Carlow, Kilkenny, Waterford, Wexford, Galway and Roscommon.**

### Part 1 – to be completed by Teacher

<b>A. School Details</b>			
<i>Name</i>		<i>Roll Number</i>	
<i>Address</i>			

<b>B. Teacher Details</b>			
<i>Name</i>			
<i>Home address in the next school year</i>			
<i>Phone Number</i>		<i>Email address</i>	
<i>PPS Number</i>		<i>Teaching Council Registration Number*</i>	
<i>Subjects Registered:</i>	1.	2.	3.
<b>*A copy of your current Teaching Council Registration, including subjects registered, must be attached to this form.</b>			

<b>C. Teacher Qualifications</b>	
<i>Degree Title</i>	<i>Subjects in final degree examinations</i>
<i>Awarding Body</i>	1.
<i>College attended</i>	2.
<i>Year Awarded</i>	3.
<i>Level of Award</i>	

<b><i>H. Dip in Education</i></b>	<b><i>Yes / No</i></b>	<b><i>Honours / Pass</i></b>	<b>Year Awarded</b>	
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<b>D. Other/Specialist Qualifications (e.g. Guidance, Special Education Needs, etc.)</b>		
<b>Title</b>	<b>Awarding Body</b>	<b>Year Awarded</b>

<b>E. Are you currently on approved leave of absence?</b> <i>If Yes, please provide details below</i>		<b>Yes / No</b> <i>(delete as appropriate)</i>
<i>Type of approved leave</i>	<i>Start Date</i>	<i>End Date</i>

<b>F. Teaching Experience</b>					
<i>Subjects taught (please list all of your teaching experience, in chronological order)</i>					
<i>Subject</i>	<i>Cycle</i>	<i>Level</i>	<i>From</i>	<i>To</i>	<i>School</i>

<i>Your timetabled hours in 2018/19 or most recent year in service – state year</i>			
<i>Subject</i>	<i>Cycle</i>	<i>Level</i>	<i>Hours/week</i>

<i>Your timetabled hours in 2017/18 or year prior to most recent year in service – state year</i>			
<i>Subject</i>	<i>Cycle</i>	<i>Level</i>	<i>Hours/week</i>

<b>G. Post of Responsibility</b> <i>(Provide details of current Department supported post of responsibility, if any)</i>

**H. State the location(s) to which you wish to be redeployed**

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**I: Certification of Teacher**

*Please answer YES below to confirm that you have provided all necessary information and that you accept the terms of the redeployment scheme.*

I certify that the information provided in this form is accurate and complete.	
I attach a copy of my current Teaching Council registration <b><u>including confirmation of subjects registered.</u></b>	
I understand that under Section 30 of the Teaching Council Act 2001, I am required to maintain my registration with the Teaching Council in order to be paid salary in accordance with <b>Circular 0052/2013.</b>	
I confirm that I will be contactable using the details I have provided in this form.	
I accept that if I am redeployed, a copy of this form will be provided to the school.	
I accept that if I am redeployed, I will be subject to the requirements of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 and of <b>Circular 0031/2016.</b>	
I accept that I will receive only one offer of redeployment by email to the address I have provided.	
I accept that the decision of the Director of Redeployment is final.	
<b>Signature of Teacher:</b> _____ <b>Date:</b> _____	

**Data Protection Privacy Statement**

The Department requires the personal data provided by you for the purpose of the redeployment scheme.

The personal data provided may be shared with the Directors of Redeployment, the school to which you will be redeployed 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 <https://www.education.ie/en/The-Department/Data-Protection/gdpr/>

Full details of the Department's data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available at [www.education.ie/en/The-Department/Data-Protection/](https://www.education.ie/en/The-Department/Data-Protection/)

**Part 2 – to be completed by School Management/ETB**

<b>Certification of School Management</b>	
<ul style="list-style-type: none"> <li>• I certify that the above information is accurate and complete in accordance with school records.</li> <li>• I confirm that the school will accept a redeployed teacher as a replacement should the above named teacher be redeployed.</li> <li>• The preferred subject options to replace this teacher are:                      1 _____ 2 _____ 3 _____</li> </ul>	
<p><b>Signature:</b> _____                      *Chief Executive / Principal / Secretary to Board of Management                      (Delete as appropriate)</p> <p><b>Date:</b> _____</p> <p><b>*Note:</b> Where the applicant is a teacher in an ETB school, the signature of the Chief Executive is required.</p>	<p><i>School/ETB Stamp</i></p>

The completed form should be returned **no later than 8 March 2019** to:  
**Post Primary Allocations Section,**  
**Department of Education and Skills, Athlone, Co. Westmeath, N37 X659.**