



## APPOINTMENT AND RE-APPOINTMENT FORM SPECIAL NEEDS ASSISTANT - SCHOOL YEAR 2010/2011

**This form should only be returned to the Department when all sections have been completed.  
Incomplete forms will be returned to the school.**

### 1. SCHOOL DETAILS

School Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Roll Number \_\_\_\_\_ School Phone No \_\_\_\_\_

School E-mail address \_\_\_\_\_

1.1 **Name of proposed Appointee** \_\_\_\_\_

### 2. CRITERIA FOR APPOINTMENT AS SNA

#### 2.1 **Qualifications for Appointment**

The minimum educational qualifications necessary for appointment as a Special Needs Assistant are Grade D (or pass) in Irish, English and Mathematics in any of the following examinations:

1. Intermediate Certificate
2. Junior Certificate
3. Day Vocational Certificate Examination
4. An examination of equivalent standard to 1, 2 or 3 above.

**Does the proposed appointee have the minimum educational qualifications (including Irish) required for appointment?** Yes  No

If "No" the proposed appointee does not meet the minimum educational qualifications and is not eligible to be appointed as a Special Needs Assistant. This Appointment Form should **not** be submitted to the Department.

#### 2.2 **Garda Vetting**

**Has the proposed appointee been vetted in accordance with [Circular 0094/2006](#)?**

Yes

No

Not applicable

If "Yes" please supply Garda Vetting Reference Number \_\_\_\_\_

Please note that the vetting process may take up to **14 weeks** to complete.

Appointment forms should not be submitted to the Dept of Education and Skills without a Vetting Reference Number, for appointees covered by the terms of [Circular 0094/2006](#)



**5. EMPLOYMENT HISTORY**

Provide details of any previous employment as a Special Needs Assistant to include school name, address and dates of employment.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Has the proposed appointee ever been paid salary directly by this Department?**

Yes  No

If "Yes" give details of post held and Payroll Number:  
\_\_\_\_\_  
\_\_\_\_\_

**Is the proposed appointee considered to be a New Entrant?**

Yes  No

Please refer to the Public Service (Miscellaneous Provisions) Act 2004 and Department of Education and Skills circulars [Pay 9/04](#) and [P10/04](#).

**Is the proposed appointee currently in receipt of a pension from this Department?**

Yes  No

**6. PAYE DETAILS**

A Tax Credits Certificate should be obtained from the local Tax Office for this employment (**Employer Reg. No. 9599516K**). Otherwise, PAYE will be deducted in accordance with Emergency Tax Rates. Alternatively, a P45 in respect of appointee's most recent employment in this tax year should be enclosed with this form.

**Does the proposed appointee wish to receive a Form P60 and other documents through Irish?**

Yes  No

**7. APPOINTMENT DETAILS**

**7.1 Basis for this appointment**

Please complete as appropriate

1. New Post

In order for the proposed appointee to be set up on payroll, a copy of the letter from the Special Educational Needs Organiser (SENO) sanctioning the current allocation of resources to the school must be enclosed with this Appointment Form.

2. Replacement/succession appointment

Name of Predecessor: \_\_\_\_\_

Date of Leaving: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Has "Notification of Leaving" form been sent to this office?

Yes  No

If "No", it should be enclosed with this Appointment Form.

3. Other (please specify)

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**7.2 Post Details**

Date of Appointment:      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (date of commencement in post)

Full Time Post:              Yes               No               Hours per week \_\_\_\_\_

Part Time Post:              Yes               No               Hours per week \_\_\_\_\_

\*Full Infant Day:              Yes               No               Hours per week \_\_\_\_\_

\* Applicable to Primary Schools *only*

**The two mandates below should be completed by Special Needs Assistants who are liable for PRSI Class A. Payment of salary during periods of absence is dependent on compliance with PRSI regulations.**

**FORM OF AUTHORISATION - ILLNESS BENEFIT PAYMENTS**

I have read and understand the conditions and procedures involved in the operation of illness benefit pay schemes applicable to Special Needs Assistants. I am aware that depending on my PRSI contribution record I may be entitled to payment from the Department of Social Protection in respect of absences under these schemes. I acknowledge that payment from the Department of Education and Skills during absence on illness leave will be subject to the following conditions:

- (a) that I make the necessary claims for illness benefit to the Department of Social Protection within the required time limits and will, to the best of my ability, comply with whatever requirements are laid down by that Department as a condition of claiming such benefit
- (b) that I authorise the Department of Social Protection to pay any benefit due to me directly to the Department Education and Skills' bank account
- (c) that I authorise the Department Education and Skills to apply amended conditions in relation to the payment of illness benefit that may be introduced to comply with Revenue and Department of Social Protection regulations

I also acknowledge that any payments due to me from the Department of Protection in respect of such absences under the current arrangements for payment may be recovered by deduction from my salary in the event that I fail to comply with the foregoing conditions.

Accordingly, I accept that in order to ensure compliance with the above undertaking and the illness leave regulations, the Department of Education and Skills may be required to make direct contact with the Department of Social Protection to establish what payments were made to me, when they were made and the amount and duration of such payments. I hereby authorise the Department of Education and Skills to make such enquiries. I understand that any information obtained from the Department of Social Protection will be used only for the foregoing purposes and will not be disclosed to any unauthorised person.

<b>Signed:</b>	<b>Date:</b>
<b>PPS No:</b>	<b>School Roll No:</b>

**FORM OF AUTHORISATION - MATERNITY/ADOPTIVE BENEFIT PAYMENT**

I have read and understand the conditions and procedures involved in the operation of maternity/adoptive pay schemes applicable to Special Needs Assistants. I am aware that depending on my PRSI contribution record I may be entitled to payment from the Department of Social Protection in respect of absences under these schemes. I acknowledge that payment from the Department of Education and Skills during absence on maternity/adoptive leave will be subject to the following conditions:

- (a) that I make the necessary claims for maternity/adoptive benefit to the Department of Social Protection within the required time limits and will, to the best of my ability, comply with whatever requirements are laid down by that Department as a condition of claiming benefit
- (b) that I authorise the Department Education and Skills to deduct any benefit due to me in respect of such absences under the scheme directly from my salary

I also acknowledge that any payments due to me from the Department of Social Protection in respect of such absences may be recovered by deduction from my salary in the event that I fail to comply with the foregoing conditions.

Accordingly, I accept that in order to ensure compliance with the above undertaking and the maternity/adoptive leave regulations, the Department of Education and Skills may be required to make direct contact with the Department of Social Protection to establish what payments were made to me, when they were made and the amount and duration of such payments. I hereby authorise the Department of Education and Skills to make such enquiries. I understand that any information obtained from the Department of Social Protection will be used only for the foregoing purposes and will not be disclosed to any unauthorised person.

<b>Signed:</b>	<b>Date:</b>
<b>PPS No:</b>	<b>School Roll No:</b>

**Data Protection**

The Department of Education and Skills 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 provided is to be used for purposes other than outlined in the Departments registration with the DPC the proposed appointee's permission will be sought.

**Declaration by Special Needs Assistant:**

In the case of each of the following I certify that:-

Tick:

- I the undersigned declare that the information recorded in this document is true, accurate and complete in all respects. I understand that I am responsible for the accuracy of the information and that if I wilfully suppress any information, I risk the loss/termination of appointment.
- I have read the contract of employment and agree to abide by the terms. **Circulars SNA12/05 and 15/05** refer.
- I understand that upon receipt of all relevant documentation in the Department it may take 6 weeks before payment is made to me. I also understand that if this document is not completed in full, it will be returned to the school which will further delay payment of salary to me.
- I have signed the Forms of Authorisation (illness benefit, maternity/adoptive benefit payments).
- I declare that I will refund to the Minister for Education and Skills any monies paid to me which were not properly payable. I agree to comply with the Department's Overpayment Policy as outlined in [Circular Pay 15/04](#) in this regard.
- I declare that I will seek approval from my employer before engaging in any external work and that any external work engaged in by me must not interfere with the fulfilling of my duties and responsibilities to the school.

Note: The proposed appointee and the principal must sign this section in each others presence.

Special Needs Assistant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Declaration by Principal, School Manager/Chairperson BOM**

In the case of each of the following I certify that:-

Tick:

- I have completed all the relevant sections in this document and the detail therein is true and accurate.
- A written contract of employment has been signed by both parties, this contract is held in this school and a copy has been given to the Special Needs Assistant. **Circulars SNA12/05 and 15/05** refer.
- I accept that it is the responsibility of the school authority to ensure that this form is correctly completed in order for salary to be paid to the appointee.
- In the case of new appointees to the school, I certify that I have checked employment references with at least 2 of the most recent employers and also verified with them the most recent employment records.
- I verify that the proposed appointee has the minimum qualifications, (including Irish), required for appointment to the post of Special Needs Assistant - [Circular 03/03](#) (updated August 2007 version) refers.
- I verify that the proposed appointee has been vetted in accordance with [Circular 0094/2006](#).
- I have received confirmation of fitness to undertake duties as a Special Needs Assistant in respect of the proposed appointee from the Occupational Health Service, if necessary as provided for at section 4.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal, School Manager/Chairperson BOM

**All documentation should be forwarded to Non Teaching Staff (NTS) Payroll, Department of Education and Skills, Cornamaddy, Athlone, Co Westmeath as soon as possible after the SNA has been appointed.**

Copies of this form and all circulars are available on this Department's website at [www.education.ie](http://www.education.ie) under Education Personnel/Special Needs Assistants.

Contact details:

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