

Appendix D

Form GAcluster2014

Shared GAM/EAL Post for school year 2014/15

This form should only be completed if re-clustering applies to your school

School Name of the Base School for this post	Roll Number	
	Email Address	
	Phone No	

School Address

1 post = 25 hours
0.8 = 20 hours
0.6 = 15 hours
0.4 = 10 hours
0.2 = 5 hours

Return this form by **14 February 2014** to:
 Primary Teacher Allocations Section, Department of Education & Skills, Cornamaddy, Athlone, Co. Westmeath

Notification of a new post created by clustering GAM/EAL hours

Note: To be completed **only** if your school is a Base School for the Clustered post.
 Please ensure that you check the GAM/EAL approved hours in Circular 0007/2014 before completing this form.
 If your school is the base school for more than one clustered post, a separate form must be submitted for each post.

	School Name	Roll Number	GAM/EAL hours in this clustered post
Base School			
2 nd school			
3 rd school			
4 th school			
5 th school			

Any change to this cluster arrangement can only be made if:

- there is a change in the GAM/EAL hours for any one of the schools in the cluster in a subsequent school year;
- or
- all schools in the cluster agree to end the cluster arrangement.

Declaration

I declare that the above information is correct and that I am in agreement with the proposed cluster arrangements for this post as outlined above.

_____ Roll no. _____ Date _____
Principal / Chairperson B.O.M. of the base school for the cluster

_____ Roll no. _____ Date _____
Principal / Chairperson B.O.M. of the second school in the cluster

_____ Roll no. _____ Date _____
Principal / Chairperson B.O.M. of the third school in the cluster

_____ Roll no. _____ Date _____

Principal / Chairperson B.O.M. of the fourth school in the cluster

Principal / Chairperson B.O.M. of the fifth school in the cluster

Roll no. _____

Date _____