

DEPARTMENT OF EDUCATION & SKILLS

FORM SNA Red1

Details to accompany Application Form for Redundancy RP50

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School Details

Name & Address of School:	
School Telephone No:	Roll No:

Special Need Assistant Details

PPS Number	Special Need Assistant Name

(Please tick as appropriate)

**Did this Special Need Assistant have a child-specific contract?
(Circulars SNA [12/05](#) & [15/05](#) refer)**

Yes	No

**Is this Special Need Assistant the most junior post holder in your
School in line with paragraph 4.1 of [Circular 0058/2006](#)?**

Yes	No

**Has this Special Need Assistant been given their Minimum Notice as
set out in paragraph 6.1 of [Circular 0058/2006](#)?**

Yes	No

**Does this Special Need Assistant satisfy the criteria for a
redundancy payment as set out in [Circular 0058/2006](#)?**

Yes	No

Has [Circular 0037/2013](#) been brought to the SNAs attention?

Yes	No

Summary Details of Redundancy Situation

**In the space provided hereunder please provide background details on how the
redundancy situation has arisen and if it is a full or partial redundancy claim.**

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Confirmation of SNA Allocation

Please confirm the total allocation of SNA support to your school before the Special Need Assistant was made redundant (e.g. 3 full time and 5 hours).

Total Allocation

Please confirm the total allocation of SNA support in your school immediately following the redundancy situation.

Total Allocation

Have you applied for additional SNA support for your school which has not yet been processed? (Please tick as appropriate)

Yes	No

To be signed by the Principal Teacher:

I certify that, in so far as I am aware, the information supplied on this form is correct.

Signature:

Date:

To be signed by the Special Needs Assistant:

I certify that, in so far as I am aware, the information supplied on this form is correct.

Signature:

Date:

To be signed by the Chairperson, Board of Management:

I certify that, in so far as I am aware, the information supplied on this form is correct.

Signature:

Date:

Chairpersons Telephone No:

This form should be completed, attached to Form RP50 – application for redundancy, and forwarded to:

Redundancy Unit, NTS Payroll Section, Department of Education & Skills,
Cornamaddy, Athlone, Co. Westmeath.

The Supplementary Assignment Panel form 2013/14 should be retained by the SNA and a copy held by the school.