



Please refer to Circular 0139/2006 for further information

Appendix 1

INCREMENTAL CREDIT CLAIM FORM Special Needs Assistant

Form SNAINCCR
1 of 4

INSTRUCTIONS

A Previous Relevant Service:

Applicant should complete Sections 1 & 2, Section 3 to be completed by School Authority. The form should then be sent to the former employer for completion of Section 4 and direct return to the appropriate address at B below.

B Address for submission of claim in the case of Special Needs Assistant (SNA) Employed in a

(i) **Primary/Secondary/Community/Comprehensive School:**

Department of Education & Science, Payroll Liaison Section, Cornamaddy, Athlone, Co. Westmeath.

(ii) **Vocational School/Community College:**

CEO of the relevant Vocational Education Committee by which claimant is currently employed.

SECTION 1

1(a) Applicant: Name:

Address:

Telephone Number:

(b) School currently employed in Ireland Name:

Address:

Roll No:

School Telephone Number:

(c) PPSN (RSI) No.

(d) Date of Birth

2(a) Qualifications held:

Qualifications:	Subjects:	Year of Award:

SECTION 2

1(a) Exact period in respect of which this incremental credit is now being claimed:
Give specific dates DD/MM/YYYY & only one period of employment per. Application form

(b) Name and address of where this service was given

2(a) Have you previously claimed and/or received incremental credit on the incremental salary scale under the terms of any Incremental Credit scheme in operation in Ireland?

Yes No

Please tick appropriate box

(b) If the answer to above is "Yes", please give details

Describe how the professional experience gained above is relevant to your work as a Special Needs Assistant

Signature of Applicant: _____

Date: _____

NO FURTHER INFORMATION ON THIS FORM SHOULD BE COMPLETED BY THE APPLICANT - SEE INSTRUCTIONS ON PAGE 1.

SECTION 3
TO BE COMPLETED BY SCHOOL AUTHORITY

Minimum Educational Qualifications

Each applicant must have been awarded Grade D (or pass) at least, in Irish, English and Mathematics in the Intermediate/Junior Certificate Examination, in the Day Vocational Certificate Examination or in an examination of equivalent standard.

Does the applicant hold the Minimum Educational qualification necessary for the position of SNA (see above)? Yes No

Please complete in respect of the applicant's qualifications.

Intermediate/Junior Certificate	Day Vocational Examination
Have you verified that the applicant was awarded Grade D or (pass) at least, in Irish, English and Mathematics in the Intermediate/Junior Certificate Examination? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you verified that the applicant was awarded Grade D or (pass) at least, in Irish, English and Mathematics in the Day Vocational Examination? Yes <input type="checkbox"/> No <input type="checkbox"/>
Examination No. _____ Year: _____	Examination No. _____ Year: _____

If the applicant achieved the minimum qualification in an examination other than the Intermediate/Junior Certificate Examination or the Day Vocational Certificate Examination please state the full formal title of the qualification.

The Awarding Body: _____
Date of award of qualification: _____

N.B You must submit a statement of results achieved in the case of your qualification.

Has the applicant satisfactorily completed his/her probationary period? Yes No

I certify that all information given above is true and accurate.	
Signature: _____	Authenticating stamp:
Position: _____ (Chairperson/Secretary Board of Management/CEO)	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Date: _____	

ADDITIONAL DOCUMENTARY EVIDENCE MAY BE SOUGHT IN SUPPORT OF THE INFORMATION GIVEN ABOVE IF NOT ENOUGH INFORMATION IS PROVIDED

SECTION 4

**TO BE COMPLETED BY FORMER EMPLOYER
IN RESPECT OF RELEVANT SPECIAL NEEDS ASSISTANT SERVICE**

(a) **Employer Name/Address**

(b) **Exact period of employment**
Give specific dates DD/MM/YYYY & only one period
of employment per. Application form

(c) **Duties of employment of applicant - PLEASE BE PRECISE**

(d) **Minimum qualifications
necessary for position held:**

(e) Was the employment full-time?
If part-time please give a breakdown
of hours worked per. day separately

Yes No

(f) Was applicant remunerated
in respect of this employment?

Yes No

(g) Have you confirmed the above
with Company records?

Yes No

(h) Was service given, efficient and
to your satisfaction in all respects?

Yes No

(If answers to the above are "No" please state why):

I certify that all information given above is true and accurate.

Signature: _____

Authenticating stamp:

Position in
Company: _____
(e.g. HR Manager)

Date: _____

**ADDITIONAL DOCUMENTARY EVIDENCE MAY BE SOUGHT IN SUPPORT OF THE
INFORMATION GIVEN ABOVE IF NOT ENOUGH INFORMATION IS PROVIDED**