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

Qualifications held:

<table>
<thead>
<tr>
<th>Qualifications</th>
<th>Subjects</th>
<th>Year of Award</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
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

<table>
<thead>
<tr>
<th>Minimum Educational Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Intermediate/Junior Certificate</th>
<th>Day Vocational Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>Have you verified that the applicant was awarded Grade D or (pass) at least, in Irish, English and Mathematics in the Day Vocational Examination?</td>
</tr>
<tr>
<td>Yes ☐  No ☐</td>
<td>Yes ☐  No ☐</td>
</tr>
<tr>
<td>Examination No. ____________________</td>
<td>Examination No. ____________________</td>
</tr>
<tr>
<td>Year: __________________</td>
<td>Year: __________________</td>
</tr>
</tbody>
</table>

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)

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?  Yes  No
    If part-time please give a breakdown
    of hours worked per. day separately

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

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

Signature: _______________________

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

Authenticating stamp:

Date: _______________________

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