

APPENDIX H - APPLICATION FOR DEPARTMENT SANCTION FOR THE AWARD TO A TEACHER, OF A CONTRACT OF INDEFINITE DURATION (CID) IN THE 2018/19 SCHOOL YEAR IN ACCORDANCE WITH CIRCULAR 0023/2015

For The First Time Further (additional hours) Tick as appropriate

PART A – SCHOOL DETAILS

Roll Number:	Name:
--------------	-------

PART B – TEACHER DETAILS

Name:	PPSN:
Qualifications:	Teaching Council No:

Include all contracts up to the end of 2017/18 school year, funded by the Oireachtas, which this teacher has had with the school.

Status – RPT/ Fixed Term	Reason for Contract *	Name of teacher that CID applicant was replacing, if applicable	Hours per week	Start Date	End Date

* Reason: Staffing schedule gain, Retirement, S.E.T, EAL, Secondment, Career Break, Job Sharing, Other (Please give details)

Please include details of the viable post available for the teacher in the school for the 2018/19 school year

Status – RPT/ Fixed Term/ Permanent	Reason for Contract *	Name of teacher that CID applicant will replace, if applicable	Hours per week	Start Date	End Date

* Reason: Staffing schedule gain, Retirement, S.E.T, EAL, Secondment, Career Break, Other (Please give details)

B.1 of Circular 0023/2015

No. of CID hours sought:	Date from which CID is effective:
--------------------------	-----------------------------------

PART C– TEACHER CERTIFICATION

I certify that:

- The information stated in this application is true and accurate

Signed _____ Date _____
Teacher

PART D – SCHOOL CERTIFICATION

I certify that:

- This teacher is eligible for a CID/further CID in the 2018/19 school year under the terms of Circular 0023/2015.
- This application is in respect of the continuation for the 2018/19 school year of a post that has been funded from monies provided by the Oireachtas only and the conditions as laid out in Circular 0023/2015 are satisfied in full.
- The information stated in this application is true and accurate. I understand that the CID can be revoked at any time if the information provided was falsified.

Signed _____ Date _____ Signed _____ Date _____
Principal Chairperson of BOM