

SPECIAL NEEDS ASSISTANT APPOINTMENT FORM 2013 / 2014

* The shaded areas on this form need not be completed if SNA is being re-appointed in the same school

****This Form should be accompanied by a copy of Letter of Sanction from the SENO****

Incomplete forms will be returned to the school

SCHOOL DETAILS

Roll No

School Name / Address:

School Telephone No:

School E-mail:

SNA PERSONAL DETAILS

SNA's PPS No.

(Compulsory for salary)

Payroll No.

(if known)

Title:

Gender: Male

Female

Surname:

First Name(s)

Please indicate if you ever changed your name: (e.g. on marriage or by deed poll)

Former Name:

Date changed

Permanent Home Address:

* All correspondence to personnel on the Department's Payroll must be to their permanent home address

Date of birth:

Contact Telephone No:

E-mail:

Is SNA non-EU citizen?

Yes/No

If 'Yes', is copy of work permit retained in school?

Yes/No

(if 'No' SNA is not eligible for salary)
Do not submit appointment form

Please tick if you would like to receive your correspondence through Irish:

(need not be completed if being re-appointed in the same school unless the account details have changed)

BANK DETAILS FOR LODGEMENT OF SALARY: (Block Capitals)

Bank Name:

Bank Address:

Full name in which
A/C is held:

A/C No:

Bank Sort Code:

A/C IBAN:

A/C BIC/SWIFT:

NB Please ensure your Bank Account is within the Republic of Ireland and will support the Electronic Money Transfer System

APPOINTMENT DETAILS

New Post:

Full Time:

Part Time:

If part time, give details of post, e.g. 0.83 post; 0.5 post, etc

Date of Appointment: _____

In the case of a Fixed Term appointment, please complete end-date if known* _____

*If unknown, it is important to inform NTS Payroll Section at least two weeks prior to the end date to avoid overpayment

IN ORDER FOR THE PROPOSED APPOINTEE TO BE SET UP ON PAYROLL, A COPY OF THE LETTER FROM THE SPECIAL NEEDS ORGANISER (SENO) SANCTIONING THE CURRENT ALLOCATION OF RESOURCES TO THE SCHOOL MUST BE ENCLOSED WITH THIS FORM

Replacement / Succession Appointment:

Full Time:

Part Time:

If part time, give details of post, e.g. 0.83 post; 0.5 post, etc

Date of Appointment: _____

In the case of a Fixed Term appointment, please complete end-date if known* _____

*If unknown, it is important to inform NTS Payroll Section at least two weeks prior to the end date to avoid overpayment

Name of Predecessor: _____

Date of Leaving: _____

Reason for Leaving: _____

Has "Notification of Leaving Form" been sent to this office? Yes

No

If "No", it should be enclosed with this Form

GARDA VETTING

[Garda Vetting \(Circular 0063/2010 effective from 1 January 2011\)](#)

Section A and Section B must be completed

(A) Tick to indicate which one of the following vetting requirements of Circular 0063/2010 has been met.

(i) The proposed appointee has been garda vetted during the current or previous calendar year.
OR

(ii) The proposed appointee is being re-employed by the school authority without any gap (other than school holidays) immediately prior to the re-employment and the appointee has been previously vetted for the initial employment with the school authority
OR

(iii) Where neither of the requirements at (i) or (ii) have been met, then this appointment can only be made if the school authority:

- For reasons outside of its control has been unable to complete the vetting process in advance of this appointment being made.
- The application for vetting must have been submitted at the earliest possible stage prior to the commencement date of the post
- The prospective appointee must be informed in the letter of appointment or separately in writing that his/her appointment is subject to the satisfactory outcome of the vetting process and
- The proposed appointee must have confirmed acceptance in writing that his/her appointment is subject to the satisfactory outcome of the vetting process.

Tick yes to confirm that all four of these requirements have been met in respect of this appointment. Otherwise you must tick No.

 YES NO

If "NO" the proposed appointee does not meet the terms of Garda Vetting (Circular 0063/2010) and is not eligible to be appointed. This Appointment Form should not be submitted to the Department.

(B) Has the proposed appointee provided to the school authority, in accordance with Circular 0063/2010, a child protection related statutory declaration that has been made during the current or previous calendar year?

 YES NO

If the answer to question (B) is "NO" the proposed appointee does not meet the terms of Garda Vetting (Circular 0063/2010) and is not eligible to be appointed. This Appointment Form should not be submitted to the Department.

SUPERANNUATION / PENSION ISSUES

Is the proposed appointee considered to be a new entrant appointed after 1st January 2013 or an existing employee who resigned or retired and has had a break in employment greater than 26 weeks?

Please refer to [Circular 007/2013](#) for further information Yes No

Is the proposed appointee who is deemed to be a member of the single pension scheme by reference to 8.1 in simultaneous employment in other public sector employment?

Please refer to Paragraph 4(b) of Circular 007/2013 for further information Yes No

In the case of appointees who are members of the Single Public Service Pension Scheme and who are employed in a substitute or part-time capacity in simultaneous employment, the declaration form S46 must be completed on first appointment in each school year and submitted by the managerial authorities to the Payroll Section of the Department with the completed appointment form. The declaration form is available with Circular 007/2013.

Is the proposed appointee currently in receipt of pension from the Department of Education and Skills, any VEC or any Public Service Body?

Please refer to Paragraph 4(a) of Circular 007/2013 for further information Yes No

If yes, the declaration form SPS/S51 must be completed on first appointment in each school year and submitted by the managerial authorities to the Pension Section of the Department with the completed appoin The declaration form is available with Circular 007/2013.

MEDICAL FITNESS

(need not be completed if being re-appointed without a break in the same school)

Has confirmation been received from the Occupational Health Service that the proposed appointee is medically fit to undertake duties as an SNA? Refer to circulars 33/2010 and 34/2010

Yes / No

(If No, appointment form for this SNA should not be completed until confirmation is received)

QUALIFICATIONS:

(need not be completed if being re-appointed without a break in the same school)

The minimum required standard of education for appointment to the post of Special Needs Assistant is:

- 1. A FETAC level 3 major qualification on the National Framework of Qualifications, OR
- 2. A minimum of three grade Ds in the Junior Certificate, OR
- 3. Equivalent

Does the proposed appointee have the minimum educational qualifications required for appointment? Yes / No

(If No, appointment form should not be submitted to the Department)

PREVIOUS SNA SERVICE:

(need not be completed if being re-appointed without a break in the same school)

| FROM | TO | SCHOOL NAME AND ADDRESS |
|------|----|-------------------------|
| | | |

N.B. If you have previous service you may be entitled to incremental credit. Please refer to circular

[10/01](#)

The two mandates below MUST be completed by Special Needs Assistants who are liable for PRSI Class A. Payment of salary during periods of absence is dependent on compliance with PRSI regulations.

FORM OF AUTHORISATION - ILLNESS BENEFIT PAYMENTS

I have read and understand the conditions and procedures involved in the operation of illness benefit pay schemes applicable to Special Needs Assistants. I am aware that depending on my PRSI contribution record I may be entitled to payment from the Department of Social Protection in respect of absences under these schemes. I acknowledge that payment from the Department of Education and Skills during absence on illness leave will be subject to the following conditions:

- (a) that I make the necessary claims for illness benefit to the Department of Social Protection within the required time limits and will, to the best of my ability, comply with whatever requirements are laid down by that Department as a condition of claiming such benefit
- (b) that I authorise the Department of Social Protection to pay any benefit due to me directly to the Department Education and Skills' bank account
- (c) that I authorise the Department Education and Skills to apply amended conditions in relation to the payment of illness benefit that may be introduced to comply with Revenue and Department of Social Protection regulations

I also acknowledge that any payments due to me from the Department of Social Protection in respect of such absences under the current arrangements for payment may be recovered by deduction from my salary in the event that I fail to comply with the foregoing conditions. Accordingly, I accept that in order to ensure compliance with the above undertaking and the illness leave regulations, the Department of Education and Skills may be required to make direct contact with the Department of Social Protection to establish what payments were made to me, when they were made and the amount and duration of such payments. I hereby authorise the Department of Education and Skills to make such enquiries. I understand that any information obtained from the Department of Social Protection will be used only for the foregoing purposes and will not be disclosed to any unauthorised person.

| | |
|----------------|------------------------|
| Signed: | Date: |
| PPS No. | School Roll No. |

FORM OF AUTHORISATION - MATERNITY/ADOPTIVE BENEFIT PAYMENT

I have read and understand the conditions and procedures involved in the operation of maternity/adoptive pay schemes applicable to Special Needs Assistants. I am aware that depending on my PRSI contribution record I may be entitled to payment from the Department of Social Protection in respect of absences under these schemes. I acknowledge that payment from the Department of Education and Skills during absence on maternity/adoptive leave will be subject to the following conditions:

- (a) that I make the necessary claims for maternity/adoptive benefit to the Department of Social Protection within the required time limits and will, to the best of my ability, comply with whatever requirements are laid down by that Department as a condition of claiming benefit
- (b) that I authorise the Department Education and Skills to deduct any benefit due to me in respect of such absences under the scheme directly from my salary

I also acknowledge that any payments due to me from the Department of Social Protection in respect of such absences may be recovered by deduction from my salary in the event that I fail to comply with the foregoing conditions. Accordingly, I accept that in order to ensure compliance with the above undertaking and the maternity/adoptive leave regulations, the Department of Education and Skills may be required to make direct contact with the Department of Social Protection to establish what payments were made to me, when they were made and the amount and duration of such payments. I hereby authorise the Department of Education and Skills to make such enquiries. I understand that any information obtained from the Department of Social Protection will be used only for the foregoing purposes and will not be disclosed to any unauthorised person.

| | |
|----------------|------------------------|
| Signed: | Date: |
| PPS No. | School Roll No. |

Data Protection

The Department of Education and Skills will treat all personal data you provide on this form as confidential and will use it solely for the purpose intended. The information will only be disclosed as permitted by law or for the purposes listed in the Departments registration with the Data Protection Commissioner - REF 10764/A. If the information you have provided is to be used for purposes other than outlined in the Departments registration with the DPC your permission will be sought here.

DECLARATION BY SPECIAL NEEDS ASSISTANT

In the case of each of the following I certify that:

Tick:

I, the undersigned, declare that the information recorded in this document is true, accurate and complete in all respects. I understand that I am responsible for the accuracy of the information and that if I wilfully suppress any information, I risk the loss / termination of appointment.

I have read the contract of employment and agree to abide by the terms (**Circulars 12/05 and 15/05** refer) and I understand that this post may be terminated by means of redundancy (**Circular 58/2006** refers).

I declare that I will refund to the Minister for Education and Skills any monies paid to me which are not properly payable. I agree to comply with the Department's Overpayment Policy as outlined in **Circular 15/04** in this regard.

I understand that upon receipt of all relevant documentation in the Department it may take 6 weeks before payment is made to me. This is due to completion of the payroll process and if this document is returned incomplete that I will not be paid salary until after a fully completed form is received and processed by the Department.

I have signed the illness benefit and maternity benefit mandate forms, if paying class A PRSI.

I declare that I will seek approval from my employer before engaging in any external work and that any external work engaged in by me must not interfere with the fulfilling of my duties and responsibilities to the school.

I confirm that, in accordance with the requirements of **Circular 0063/2010**, I have provided the school authority with a child protection related statutory declaration which was made in the current or the previous calendar year.

I also confirm to the school authority that since the date on which I signed that statutory declaration, to the best of my knowledge and belief there is nothing, from a child protection perspective, in relation to my conduct, character or personal background of any nature that would adversely affect the position of trust in relation to children or vulnerable adults in which I would be placed by virtue of my appointment to a Special Needs Assistant post in this school.

I also undertake to inform the above school authority of any changes to the above stated position that may affect my suitability, from a child protection perspective, for continued employment with the school authority or for any subsequent employment with the school authority.

I acknowledge and understand that any false or misleading confirmation as to my conduct, character or personal background or any failure of mine to inform the school authority of relevant changes that may affect my suitability, from a child protection perspective, will constitute a breach of my contract of employment and may be grounds for summary dismissal by the school authority.

The Pension Related Deduction (PRD) is governed by the Financial Emergency Measures in the Public Interest Act 2009. The Act defines a person to whom the PRD applies as a person who (i) is a public servant, and (ii) is a member of a public service scheme, or (iii) is entitled to a benefit under a public service scheme, or (iv) receives a payment in lieu of membership of a public service pension scheme.

Please state if this is your main public sector employment Yes No

Please note that all public sector employment must be designated as either main or subsidiary employment to ensure that there is no under deduction of PRD. Further information regarding PRD can be found on the Department's website at www.education.ie

I have completed the self declaration where appropriate in accordance with paragraph 4 of **Circular 07/2013** titled The Single Public Service Pension Scheme for Teachers and Special Needs Assistants employed in Primary and Secondary / Community / Comprehensive Schools

| | |
|-------------------------------------|--------------------|
| SNA's signature: _____ | Date: _____ |
| Principal's Signature: _____ | Date: _____ |

Note: The proposed appointee and the principal must sign this section in each others presence.

DECLARATION BY CHAIRPERSON OF BOARD OF MANAGEMENT

In the case of each of the following I certify that:

Tick:

- I have completed all the relevant sections in this document and the detail therein is true and accurate.
- A written contract of employment has been signed by both parties. This contract is held in this school and a copy has been given to the Special Needs Assistant. **Circulars 12/05 and 15/05** refer.
- I accept that it is the responsibility of the school authority to ensure that this form is correctly completed in order for salary to be paid to the appointee.
- In the case of new appointees to the school, I certify that I have checked employment references with at least two of the most recent employers and also verified with them the most recent employment records.
- I verify that the proposed appointee has the minimum qualifications required for appointment to the post of Special Needs Assistant. **Circular 21/2011** refers.
- I verify that the school authority has fulfilled the requirements of Garda Vetting Circular 0063/2010 in respect of this proposed appointee.
- I have received confirmation of fitness to undertake duties as a Special Needs Assistant in respect of the proposed appointee from the Occupational Health Service, if necessary.

Principal , School Manager / Chairperson's Signature: _____

Date: _____

All documentation should be forwarded to Non Teaching Staff (NTS) Payroll, Department of Education and Skills, Cornamaddy, Athlone, Co. Westmeath as soon as possible after the SNA has been selected.

Copies of this form and all circulars are available on this Department's website at www.education.ie

Contact Details:

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