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| **APPLICATION FROM A PERMANENT/CID TEACHER FOR REDEPLOYMENT IN ACCORDANCE WITH THE POST PRIMARY REDEPLOYMENT SCHEMES** **(other than the Pilot Voluntary Redeployment Scheme)** |

**Part 1 – to be completed by Teacher**

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| **A. Redeployment Schemes**Tick the relevant box below to indicate:* the scheme under which you are applying for redeployment **and**
* if you are a compulsory or voluntary applicant
 | **Compulsory** | **Voluntary** |
| 1. School/ETB has staff in excess of its allocation - Refer to ***Appendix 2 of Circular 25/2011***- ***Redeployment scheme for teachers surplus to requirements other than in situations of school closure***and/orthe***Redeployment scheme for teachers surplus to requirements in consequence of school closure***
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| 1. School/ETB has a teacher returning from career break/secondment and the replacement teacher was awarded a CID under Circular 0024/2015 -

Refer to***Paragraph 7 of Part A of Circular 0024/2015*** |  |  |
| 1. School/ETB has a Curricular Mismatch and a teacher of the subject(s) was awarded a CID under Circular 0024/2015 - Refer to***Part D of Circular 0024/2015***
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| **B. School Details** |
| *Name* *Address* |  | *Roll Number* |  |

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| **C. Teacher Details** |
| *Name* |   | *Contract Hours* |  |
| *Home address in the* ***2025/26*** *school year*  |   | *Eircode* |  |
| *Email address* |  | *Phone Number* |  |
| *Teaching Council Registration Number\** |  |
|  *List all subjects registered with**the Teaching Council* |  |
| **\*A copy of your current Teaching Council Registration, including subjects registered, must be attached to this form.** |

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| **D. Teacher Qualifications**  |
| *Degree Title* |   |  *Subjects in final degree examinations* |
| *Awarding Body*  |    |  |
| *College attended*  |   |  |
| *Year Awarded*  |   |  |
| *Level of Award*  |   |  |
| *H. Dip in Education* | ***Yes / No*** |  ***Honours / Pass*** | *Year Awarded* |  |

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| **E. Other/Specialist Qualifications** *(e.g. Guidance, Special Educational Needs, etc.)* |
| *Title* | *Awarding Body* | *Year Awarded* |
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| **F.Are you currently on approved leave of absence?**  *If Yes, provide details below* | **Yes / No***(delete as appropriate)* |
| *Type of approved leave* | *Start Date* | *End Date* |
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| **G. Teaching Experience** |
| ***Subjects taught*** *(starting with the most recent, list all of your teaching experience)* |
| *Subject* | *Cycle* | *Level* | *From* | *To* | *School* |
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| ***Your timetabled hours in 2024/25 OR***  | ***most recent year in service – state year*** |
|  Subject |  Year Group | *Cycle -**Junior, Transition Year, Senior* | *Higher or Lower level* | *Hours per week* |
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| ***Your timetabled hours in 2023/24 OR*** | ***year prior to most recent year service – state year*** |
|  Subject |  Year Group | *Cycle -**Junior, Transition Year, Senior* | *Higher or Lower level* | *Hours per week* |
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| **H. Post of Responsibility** *(Provide details of current Department supported post of responsibility, if applicable)* |
| AP1 Other AP2 Programme Coordinator AP1 Programme Coordinator AP2  |  |

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| **I. Compulsory Applicants Only***Do you want to be redeployed within 50 km of your home or school address?* | ***Home / School****(delete as appropriate)* |

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| **J. Compulsory and Voluntary Applicants***State the location(s) to which you wish to be redeployed.* |  |

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| **K. Certification of Teacher***Answer YES below to confirm that you have provided all necessary information and that you accept the terms of the redeployment scheme.* |
| I certify that the information provided in this form is accurate and complete. |  |
| I attach a copy of my current Teaching Council registration **including confirmation of subjects registered.** |  |
| I understand that under Section 30 of the Teaching Council Act 2001, I am required to maintain my registration with the Teaching Council in order to be paid salary in accordance with **Circular 0052/2013.** |  |
| I confirm that I will be contactable using the details I have provided in this form. |  |
| I accept that I will receive only one offer of redeployment by email to the address I have provided. |  |
| I accept that if I am redeployed, a copy of this form will be provided to the school.  |  |
| I accept that if I am redeployed, I will be subject to the requirements of the National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016 and of **Circular 0031/2016**. |  |
| I accept that the decision of the Director of Redeployment is final. |  |
| **Signature of Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Data Protection Privacy Statement** The Department requires the personal data provided by you in this form for the purpose of the redeployment scheme. The personal data provided will be shared with the Directors of Redeployment and the school to which you will be redeployed. It may also be shared with the Teaching Council in respect of the status of your registration. The privacy notice outlining further information in relation to this form can be found at [gov.ie - General Data Protection Regulation (GDPR) Privacy Notices (www.gov.ie)](https://www.gov.ie/en/collection/general-data-protection-regulation-gdpr-privacy-notices/)Full details of the Department’s data protection policy setting out how your personal data will be used as well as information regarding your rights as a data subject are available at [gov.ie - Data Protection (www.gov.ie)](https://www.gov.ie/en/organisation-information/data-protection/) |

**Part 2 – to be completed by School Management**

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| **Certification of School Management** |
| * I certify that the information provided in this form is accurate and complete in accordance with school records.
* Where redeployment is under category 2 or 3 in Part A, I attach the completed **Form RD3.**
 |
| **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Chief Executive / Principal / Secretary to Board of Management** **(Delete as appropriate)** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Note: Where the applicant is a teacher in an ETB school, the signature of the Chief Executive is required.** | ***School/ETB Stamp*** |

**The completed form should be returned by 14 March 2025 to:**

**Post Primary Allocations Section, Department of Education, Athlone, Co. Westmeath, N37 X659,**

**or by email to allocations@education.gov.ie**