

INCREMENTAL CREDIT APPLICATION FORM PRIMARY & SECOND LEVEL TEACHER

Copies of this form are also available at www.education.ie

SECTION 1 – to be completed by APPLICANT (Please see Instructions for completion on Page 8)

1. Application Details: -

Please Indicate (by ✓)

☐ Primary Teacher

☐ Second Level Teacher

Type of Incremental Credit being claimed (separate claim form required for each type)

(a) Teaching service in the EU ☐

(b) Teaching service outside of EU ☐

(c) Substitute service (Primary only) ☐
(1/9/85 to 19/12/01)

(d) Substitute service replacing a teacher
on Study leave under Rule 116(Primary only) ☐

(e) Relevant 'non-teaching service' ☐

2. Personal Details:-

PPS Number:

Payroll/Teacher No (if known):

Full Name:

Former Name (e.g. Maiden name):

Correspondence Address:

Contact Telephone No:

Mobile No:

E-mail Address:

Date of Birth:

Teaching Council Registration Number:

Date of Teaching Council Registration:

D	D	M	M	Y	Y

Are you in receipt of any occupational pension from the Department or any ETB or any Public Service Body or other source?

Yes ☐

No ☐

Please Indicate (by ✓)

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

3. Current Employer Details:-

School Name and Address:

School Roll Number:

Contact Telephone Number:

4. Qualification Details:-

Qualification Title:	Awarding Body	Subject(s) of Final Examination (Second Level Teachers)	Length/Years of Training Dates From/To	Year of Award

5. Details of Claim:-

5.1 Exact period in respect of which this Incremental credit is now being claimed

From: (i.e. Day/Month/Year)	To: (i.e. Day/Month/Year)	Name and address of School/Third Level Institution/Company where this service was given:

5.2 (a) Is this your first publicly funded teaching post in Ireland?

Yes ☐ No ☐

Please Indicate (by ✓)

(b) If the answer to above is “No”,
please give details

(c) 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 Indicate (by ✓)

(d) If the answer to above is “Yes”,
please give details

(e) Was the service listed at 5.1 given while on Career Break?

Yes ☐ No ☐

Please Indicate (by ✓)

6. Replacing a Teacher on Study Leave under Rule 116 (Primary only):-

To be completed by the **TEACHER** who was absent on Study Leave

I certify that the applicant served as a substitute teacher in my absence during the period(s) specified in 5.1

Teacher Name: _____ (BLOCK CAPITALS)

Signature: _____

PPS Number: _____

Payroll/Teacher No (if known): _____

Date: _____

7. Relevant Non-Teaching Service:-

7.1 (a) Timetabled subjects taught (Second-level subject teachers) in initial teaching post following the relevant non-teaching service claimed **or** the title of your initial teaching post (Primary teachers, e.g. Mainstream Class teacher, Special Class teacher, Resource teacher) appointed to following the relevant non-teaching service claimed.

7.2 (b) Describe how the professional experience gained at 5.1 was relevant to your initial teaching appointment following the relevant non-teaching service claimed. (i.e. Explain how you used the experienced gained from the service listed at 5.1 in the class room while teaching the subjects/post listed at 7.1 (a) (You can attach an extra page if necessary)

8. Certification of Applicant:-

I certify that I have read the relevant Circular - Please Indicate (by ✓)

Primary 10/01 ☐

Second Level 29/2007 ☐

Second Level 29/2010 ☐

I confirm that all information given on this form is accurate and I am aware that in the event of false or misleading statement which results in an overpayment the Department of Education & Skills will recover in full the amount of any such overpayment.

I understand that only a complete application will be processed.

Name: _____ (BLOCK CAPITALS)

Signature of Applicant: _____

Date: _____

**Failure to fully complete all relevant sections will lead to forms being returned
and may result in loss of award.**

**NO FURTHER INFORMATION ON THIS FORM SHOULD BE COMPLETED BY THE
APPLICANT – SEE INSTRUCTIONS ON PAGE 8.**

ADDITIONAL CLARIFICATION/DOCUMENTS MAY BE SOUGHT IN SUPPORT OF THE INFORMATION
GIVEN IF NOT ENOUGH INFORMATION IS PROVIDED.

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

SECTION 2 – to be completed by previous SCHOOL AUTHORITY

PREVIOUS TEACHING SERVICE

1. School Details:-

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Date of establishment (Private School only): _____

Start/end dates of normal school year for above named school

From

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	To	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y		D	D		M	M		Y	Y

State the full time hours of normal school day in the State _____

Indicate (by √) whether the school is: Primary ☐ Second-level ☐ Third Level ☐ Fee paying ☐ Private ☐

Is the School:

(i) recognised by the competent State Authority.

(ii) Subject to inspection by the competent State Authority

(iii) Eligible for grant aid from the competent State Authority

(iv) Offering a range of studies over the course of a minimum of two normal academic years for that Member State including mathematics and the national language/language of instruction.

(v) Offering a range of studies which incorporates all of the courses prescribed on the National Curriculum of the State in question.

(vi) preparing students for a recognised second-level State examination and qualification or

(vii) incorporates continual assessment leading to a recognised national completion certificate.

(viii) offering a full range of classes to all pupils within its designated range

(ix) funded by the payment of pupil fees only

(x) open to receive pupils for the duration of the school year

Yes

No

Please Indicate (by √)

Name and address of the competent State Authority, if service was outside Ireland:

2. Employee/Teacher Details:-

Name:

Address:

Period of employment in this school for which incremental credit is being claimed for:
(Please give exact dates)

From:

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From:

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From:

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From:

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D D M M Y Y

To:

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To:

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To:

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D D M M Y Y

(a) Was the service given remunerated:

Yes ☐ No ☐
Please Indicate (by √)

(b) Please State:

School year: (e.g. 2001/2002)				
Employment type*				
Completed class teaching hours worked				
Number of Substitute/Supply days worked – Please be precise PRIMARY ONLY				

* Wholetime/Full-time, Eligible Part-time (EPT), Pro-Rata Teacher Contract (RPT), Fixed Term Contract of less than one year, other Non-Casual/Casual, Supply/Substitute

(c) Was service satisfactory in all respects?
(If the answer to the above is “No” please state why)

Yes ☐ No ☐
Please Indicate (by √)

I certify that all information given by me is true and accurate in accordance with the employment records of this school.

Name: _____ (BLOCK CAPITALS)

Signature: _____

Position: _____
(Principal/CEO/President/Director)

Telephone No: _____

E-mail Address: _____

Date: _____

Authenticating Stamp or Seal of Employer

Please return form directly to: Teacher/SNA Terms & Conditions, Department of Education & Skills, Cornamaddy, Athlone, Co Westmeath, Ireland /relevant ETB as notified by Applicant.

SECTION 3 – to be completed by previous EMPLOYER

RELEVANT NON-TEACHING SERVICE

1. Employer Details:-

Name:

Address:

2. Employee Details:-

Name:

Address:

Exact period of employment in this Company for which incremental credit is being claimed for:
(Please give exact dates)

From: - -
D D M M Y Y

To: - -
D D M M Y Y

3. Employment Details:-

Title of position held:

Duties of applicant: - PLEASE BE PRECISE (You can attach an extra page if necessary)

Minimum qualifications necessary for position held:

Was the employment full-time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was applicant remunerated in respect of this employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was applicant professionally qualified at the time for the position held?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the work undertaken part of a course of study/apprenticeship?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you confirmed the above with Company records?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was service given, efficient and to your satisfaction in all respects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(If the answer to the above is "No" please state why):

Please Indicate (by ✓)

I certify that all information given by me is true and accurate in accordance with the employment records of this company.

Name: _____ (BLOCK CAPITALS)

Signature:

Position:

(e.g. HR Manager)

Telephone No:

E-mail Address:

Date:

Authenticating Stamp or Seal of Employer

Please return form directly to: Teacher/SNA Terms & Conditions, Department of Education & Skills, Cornamaddy, Athlone, Co Westmeath, Ireland /relevant ETB as notified by Applicant.

INSTRUCTION FOR COMPLETION

Step 1

- A. The applicant is required to make an application in writing by completing and signing Section 1 of this form
(A separate form is required for each service type, one for each employer – see Section 1, paragraph 1)

Step 2

- B. The applicant should forward the entire form to the appropriate certifying authority (i.e. school authority, CE in the case of an ETB, other former employer) after fully completing Section 1.
- C. All certification required in Sections 2 and/or 3 must be signed by the appropriate certifying authority.
- D. The claimant must provide the certifying authority with the appropriate address, as indicated at E below, to which that authority should forward the completed form directly.
- E. Address for submission of claim in the case of an applicant who is a
- (i) Primary/Secondary/Community/Comprehensive School Teacher:
- Teacher/SNA Terms & Conditions,
Department of Education & Skills,
Cornamaddy,
Athlone,
Co Westmeath
Ireland
- (ii) Vocational School/Community College Teacher:
- CE of the relevant Education and Training Board by which the applicant is currently employed.

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