|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Letter seeking Patron Approval for the appointment of:**  **Special Needs Assistant** | | | | | | | | | | | | | |
| **School:** | Click here to enter text. | | | | | | | **Roll Number**: | | | | Click here. | |
| **School Address:** | Click here to enter text. | | | | | | | **Parish**: | | | | Click here. | |
|  | Click here to enter text. | | | | | | | **Contract offered:** | | | | Please choose from dropdown list | |
| Dear Bishop Crean,  Following the recommendation of the Selection Board, the Board of Management of the above school seeks your approval to appoint: | | | | | | | | | | | | | |
| **Name of Special Needs Assistant:** | | | Click here to enter text. | | | | | | | | | | |
| **Address:** | | | Click here to enter text. | | | | | | | | | | |
| **Level of Qualification:** | | | Click here to enter text. | | | | | | | | | | |
| Date  of Interviews | | Date of ratification by the BOM | | | Total Number of applicants | | Number Called  to Interview | | Proposed  Start Date | | | | Was this a Panel Appointment? |
| Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | | | Please Choose |
| **Members of the Selection Board:** | Click here to enter text. | | | | | Click here to enter text. | | | | | Click here to enter text. | | |
| Chairperson of the Selection Board | | | | | Principal | | | | | Independent Assessor | | |
| As Chairperson of the Board of Management, I confirm that:   1. Rules and Procedures as set out in **Circular 51/2019** have been followed. 2. References have been checked by the Selection Board. 3. All records in relation to the selection process are in order and will be kept by the Chairperson for a minimum period of 18 months. 4. Garda Vetting requirements and/or Medical Fitness requirements are being addressed. | | | | | | | | | | | | | |
| **Name / Signature:**  Chairperson or Principal on behalf of the BoM | | | | Signature of Chairperson/Principal | | | | | | **Date:**  Click here. | | | |
| **Chairperson’s Email Address:** | | | | | Click here to enter text. | | | | | | | | |
| **Office Use Only** | | | | | | | | | | | | | |
| Dear Chairperson/Principal,  On the understanding that all proper procedures have been followed, as outlined in **Circular 51/2019**, the Patron, Bishop Wm. Crean, is happy to approve the above appointment, subject to the sanction of the Department of Education.  Le gach dea-ghuí,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Michael Walsh  Education Secretary (Primary) | | | | | | | | | | | | | |