REQUEST FOR SANCTION OF APPOINTMENT OF DEPUTY PRINCIPAL TEACHER

Schoo	l: Roll No.:
Addre	ess:
Interv	view Board:
1	23
Dear I	Bishop Gavin,
	oard of Management of the above school seeks your sanction for the undernoted ntment:
Succe	ssful Applicant:
Postal	Address:
Telep	hone Number: Mobile Number :
Email	Address:
Train	ing College:
Years	of Training:
Post:	Deputy Principal Teacher Commencement Date:
As Ch	nairperson of the Board of Management, I confirm that (please tick)
	This Post has been sanctioned by the DES. Rules and Procedures as set out in Chapter 4 of DES Circular 0044/2019 References have been checked by the Selection Board. A copy of teacher's Catholic Religious Education Diploma has been received. The teacher is registered with the Teaching Council.
	the teacher is registered with the reacting courter.

- Satisfactory Garda Vetting has been submitted by teacher.
- Satisfactory Medical Fitness Certificate has been obtained (if applicable).
- All records in relation to the selection process are in order and will be kept by the Chairperson for a minimum period of eighteen months.

Signed:

Chairperson of Board of Management

Date: _

[Diocesan Education Secretariat/Sanction/App. of Teacher]