REQUEST FOR SANCTION OF APPOINTMENT OF DEPUTY PRINCIPAL TEACHER

School: _____ Roll No.: _____

Address: _____

Interview Board:

1. _____ 2._____ 3._____

Dear Bishop Gavin,

The Board of Management of the above school seeks your sanction for the undernoted appointment:

Successful Applicant: _____

Postal Address: _____

Telephone Number: _____ **Mobile Number :** _____

Email Address: _____

Teaching Qualification, and awarding University, College or Institute:

_____

Date of Final Results Received: _____

Post: Deputy Principal Teacher **Commencement Date:** _____

As Chairperson 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.
- ☐ 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]