## REQUEST FOR SANCTION OF APPOINTMENT OF PRINCIPAL TEACHER

Schoo	ol:		_ Roll No.:	
Addr	ess:			
Interv	view Board:			
1		2	3	
Dear 1	Bishop Gavin,			
	oard of Management o ntment:	f the above school	seeks your sanction for the undernoted	
Succe	essful Applicant:			
Posta	l Address:			
Telephone Number: Mobile Number :				
Email	l Address:			
Training College:				
Years of Training:				
Post:	Principal Teacher	Commencem	nent Date:	
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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).			
	•	s in relation to the selection process are in order and will be kept by the		
	Chairperson for a minimum period of eighteen months.			
Si	gned:			
Chairperson of Board of Management				
Date:				

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