



Circular 0139/2006

TO: Management Authorities of Primary, Secondary, Community and Comprehensive Schools and the Chief Executive Officers of Vocational Education Committees.

Incremental Credit Scheme for Special Needs Assistants

- 1 The Minister for Education and Science wishes to advise Boards of Management and Vocational Education Committees of details of the scheme which has been agreed at national level in relation to the award of incremental credit to Special Needs Assistants including awards in respect of previous relevant experience.
2. The attached document sets out details of how the Incremental Credit Scheme will operate and the application procedures to be followed.
3. Schools are reminded that the minimum qualification necessary for the appointment of a Special Needs Assistant is an award of Grade D (or pass) in Irish, English and Mathematics in the Intermediate Certificate/Junior Certificate or the Day Vocational Certificate Examination or in an examination of equivalent standard.
4. School management authorities are requested to bring the contents of this Circular to the attention of all Special Needs Assistants in their schools, including those on maternity leave, sick leave etc. and also to the attention of the members of the Boards of Management.
5. The Minister for Education and Science hereby authorises Vocational Education Committees to implement the agreed arrangements. Particular attention is drawn to the requirement that awards of credit under section 4 of the scheme must be approved by the Department.
6. All enquires regarding this circular should be emailed to:
pptpersonnelpolicy@education.gov.ie

An Irish version of this circular is available on the Department of Education & Science website at www.education.ie

Anne Killian,
Principal Officer,
November, 2006.

**SCHEME FOR THE AWARD OF INCREMENTAL
CREDIT
TO
SPECIAL NEEDS ASSISTANTS**

Issued by:

Payroll Liaison Section
Department of Education
and Science,
Cornamaddy,
Athlone,
Co. Westmeath.

November, 2006

1. INTRODUCTION

- 1.1 The purpose of this scheme is to reflect in the remuneration of a Special Needs Assistant the value of previous experience relevant to his/her work.
- 1.2 The Scheme sets out
 - a) the criteria by which the appropriate point of the salary scale shall be determined on which a Special Needs Assistant (SNA) shall be placed on appointment and
 - b) the method by which progression on the scale thereafter may be achieved.
- 1.3 The scheme provides for the award, on satisfactory completion of probation, of incremental credit in respect of certain previous experience as set out below. Credit shall not be awarded more than once for any period of prior service.
- 1.4 The incremental date of a SNA whose salary scale point is revised in accordance with this scheme may be adjusted accordingly.
- 1.5 This scheme shall have effect as and from 8 April 2002.

2. ELIGIBILITY

- 2.1 To be eligible for the award of incremental credit, a SNA must
 - a) hold the minimum educational qualification prescribed from time to time by the Minister for Education and Science at the time of first appointment and
 - b) have satisfactorily completed his/her probationary period.
- 2.2 A person appointed as a SNA who does not hold the prescribed minimum qualification, or whose probationary period is extended, shall be paid at the first point of the scale and shall not be eligible to progress on the scale above this point unless and until s/he has acquired the prescribed qualification or satisfactorily completes probation.

3. PROGRESSION ON THE INCREMENTAL SCALE

- 3.1 An increment may be granted as from the date immediately succeeding that on which a SNA shall have completed a year of satisfactory service. Progression shall be dependant on the service given being certified annually by the school authority as having been satisfactory, in the form set out in [Appendix 2](#) or in such other form as may be prescribed from time to time for this purpose¹. Certification documents must be retained as part of the records of the school or VEC as appropriate.
- 3.2 The first increment shall be payable on the first anniversary of appointment or satisfactory completion of probation whichever is the later.
- 3.3 An increment may be withheld and/or one or more increments may be withdrawn where the service of an SNA is deemed unsatisfactory by the school authority. The school authority shall on form DEF-INC set out in [Appendix 3](#) or in such other form as may be prescribed from time to time for this purpose, advise the Payroll Service of the Department of Education and Science/VEC, as appropriate of each SNA employed where an increment is to be withheld or withdrawn.

¹ The prescribed forms are available for download from the Department's website www.education.ie

4. PREVIOUS RELEVANT SERVICE

- 4.1 Credit on the incremental scale may be awarded in respect of period(s) of relevant experience gained in the Public Service, or in any agency funded by the State. The experience so gained must be demonstrated by the SNA, to the satisfaction of the school authority (including Vocational Education Committee as appropriate) and of the Department, to be directly relevant to the requirements of the post to which the SNA has been appointed.
- 4.2 Service in one or more of the following categories of employment – as defined by the Department of Health and Children or Department of Education and Science - may be considered for the purpose of the award of incremental credit under this scheme where satisfactory documentary evidence is submitted:

Nurse – e.g. SEN, SRN
Nursery Nurse,
House Parent in a residential institution,
Care Attendant,
Recognised teacher² in a State funded school.

Other categories of employment may be considered where the applicant can clearly demonstrate to the satisfaction of the Department of Education and Science³ the relevance of the service to the duties of the SNA.

- 4.3 Incremental credit shall not be awarded in respect of work undertaken
- as part of a course of study for the award of a qualification,
 - in a clerical/administrative capacity,
 - in a volunteer capacity or
 - in the service of a private employer.
- 4.4 For service to be reckoned for the award of credit, the employer at the time must certify that
- the service was remunerated under a whole-time contract of employment or, with effect from 20 Dec 2001, a regular part-time contract, and
 - the applicant was appropriately qualified at the time it was given and
 - the service was satisfactory.
- 4.5 The SNA shall be placed on the scale at the point s/he would have reached had the service, in respect of which credit is awarded, been service as a qualified SNA.
- 4.6 Payment of any award in respect of relevant previous experience shall not be made earlier than the date on which probation is satisfactorily completed.

² A teacher who has retired under the Early Retirement Scheme for teachers will, under the terms of that scheme, forfeit his/her pension on taking up any other employment in the public sector. In the case of a teacher retired on the grounds of ill health, s/he is obliged to contact the Pensions Unit of the Department before undertaking employment as a SNA.

³ VECs must submit all such applications to the Department of Education and Science.

5 APPLICATION PROCESS

5.1 Application Procedures:

a) Applications for the award of incremental credit under this scheme shall be accepted only on form SNA-INCCR set out in [Appendix 1](#) or in such other form as may be prescribed from time to time for this purpose⁴.

b) Duly completed applications forms should be submitted:

i) In the case of a SNA employed in a Primary, Secondary, Community or Comprehensive School, to:

**Department of Education & Science,
Post-Primary Payroll Liaison Section,
Cornamaddy,
Athlone,
Co. Westmeath.**

ii) in the case of a SNA employed in a Vocational School or Community College, to:

CEO of the Vocational Education Committee by which the applicant is employed.

c) Applications must be accompanied by appropriate certification⁵ of educational qualification and of all service in respect of which a claim is being submitted. Failure in this regard will lead to the application being refused or returned to the applicant and a consequent delay in processing the application.

5.2 Independent verification of any or all details of a claim may be sought at the time of submission or at a later date for audit purposes.

⁴ The prescribed forms are available for download from the Department's website www.education.ie

⁵ The applicant is responsible for obtaining all necessary documentation to support the claim being made – e.g. certification of service by a previous employer or of examination results.



Please refer to Circular 0139/2006 for further information

Appendix 1

INCREMENTAL CREDIT CLAIM FORM Special Needs Assistant

Form SNAINCCR
1 of 4

INSTRUCTIONS

A Previous Relevant Service:

Applicant should complete Sections 1 & 2, Section 3 to be completed by School Authority. The form should then be sent to the former employer for completion of Section 4 and direct return to the appropriate address at B below.

B Address for submission of claim in the case of Special Needs Assistant (SNA) Employed in a

(i) **Primary/Secondary/Community/Comprehensive School:**

Department of Education & Science, Payroll Liaison Section, Cornamaddy, Athlone, Co. Westmeath.

(ii) **Vocational School/Community College:**

CEO of the relevant Vocational Education Committee by which claimant is currently employed.

SECTION 1

1(a) Applicant: Name:

Address:

Telephone Number:

(b) School currently employed in Ireland Name:

Address:

Roll No:

School Telephone Number:

(c) PPSN (RSI) No.

(d) Date of Birth

2(a) Qualifications held:

Qualifications:	Subjects:	Year of Award:

SECTION 2

1(a) Exact period in respect of which this incremental credit is now being claimed:
Give specific dates DD/MM/YYYY & only one period of employment per. Application form

(b) Name and address of where this service was given

2(a) 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 tick appropriate box

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

Describe how the professional experience gained above is relevant to your work as a Special Needs Assistant

Signature of Applicant: _____

Date: _____

NO FURTHER INFORMATION ON THIS FORM SHOULD BE COMPLETED BY THE APPLICANT - SEE INSTRUCTIONS ON PAGE 1.

SECTION 3
TO BE COMPLETED BY SCHOOL AUTHORITY

Minimum Educational Qualifications

Each applicant must have been awarded Grade D (or pass) at least, in Irish, English and Mathematics in the Intermediate/Junior Certificate Examination, in the Day Vocational Certificate Examination or in an examination of equivalent standard.

Does the applicant hold the Minimum Educational qualification necessary for the position of SNA (see above)? Yes No

Please complete in respect of the applicant's qualifications.

Intermediate/Junior Certificate	Day Vocational Examination
Have you verified that the applicant was awarded Grade D or (pass) at least, in Irish, English and Mathematics in the Intermediate/Junior Certificate Examination? Yes <input type="checkbox"/> No <input type="checkbox"/> Examination No. _____ Year: _____	Have you verified that the applicant was awarded Grade D or (pass) at least, in Irish, English and Mathematics in the Day Vocational Examination? Yes <input type="checkbox"/> No <input type="checkbox"/> Examination No. _____ Year: _____

If the applicant achieved the minimum qualification in an examination other than the Intermediate/Junior Certificate Examination or the Day Vocational Certificate Examination please state the full formal title of the qualification.

The Awarding Body: _____
Date of award of qualification: _____

N.B You must submit a statement of results achieved in the case of your qualification.

Has the applicant satisfactorily completed his/her probationary period? Yes No

I certify that all information given above is true and accurate.	
Signature: _____	Authenticating stamp:
Position: _____ (Chairperson/Secretary Board of Management/CEO)	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Date: _____	

ADDITIONAL DOCUMENTARY EVIDENCE MAY BE SOUGHT IN SUPPORT OF THE INFORMATION GIVEN ABOVE IF NOT ENOUGH INFORMATION IS PROVIDED

SECTION 4

**TO BE COMPLETED BY FORMER EMPLOYER
IN RESPECT OF RELEVANT SPECIAL NEEDS ASSISTANT SERVICE**

(a) **Employer Name/Address**

(b) **Exact period of employment**
Give specific dates DD/MM/YYYY & only one period
of employment per. Application form

(c) **Duties of employment of applicant - PLEASE BE PRECISE**

(d) **Minimum qualifications
necessary for position held:**

(e) Was the employment full-time?
If part-time please give a breakdown
of hours worked per. day separately

Yes No

(f) Was applicant remunerated
in respect of this employment?

Yes No

(g) Have you confirmed the above
with Company records?

Yes No

(h) Was service given, efficient and
to your satisfaction in all respects?
(If answers to the above are "No" please state why):

Yes No

I certify that all information given above is true and accurate.

Signature: _____

Authenticating stamp:

Position in
Company: _____
(e.g. HR Manager)

Date: _____

**ADDITIONAL DOCUMENTARY EVIDENCE MAY BE SOUGHT IN SUPPORT OF THE
INFORMATION GIVEN ABOVE IF NOT ENOUGH INFORMATION IS PROVIDED**



Please refer to [Circular 0139/2006](#) for further information

Appendix 2 - SNA Assessment Form (Sample)

Form SNA ASS
Page 1 of 2

This form is to be retained by the School Authority

PART 1

Name: _____
PPS No.: _____
School Name: _____
School Address: _____ _____
School Roll No. _____
Period Covered by this Assessment: _____
Date of Assessment Meeting: _____

PART 2

	Satisfactory	Unsatisfactory
1. Attendance: (if unsatisfactory give details)		
2. Conduct: (If unsatisfactory give details)		
3. Level to which duties have been performed (if unsatisfactory give details)		

4. Overall Rating of Performance	Satisfactory	Unsatisfactory

PART 3

The content of this form has been discussed with the Special Needs Assistant.

Signed by: _____(SNA)

Date: _____

Signed by: _____(Principal)

Date: _____

Note

An overall rating of unsatisfactory will result in the deferral of the award of an increment.

In the case of an unsatisfactory rating [Form DEF-INC](#) should be completed and returned to the Payroll Service of the Department of Education and Science/VEC

Completed forms should be returned as follows:

In the case of a SNA employed in a Primary, Secondary, Community or Comprehensive School: SNA Payroll Division, Dept. of Education & Science, Cornamaddy, Athlone, Co. Westmeath.

In the case of a SNA employed in a Vocational School or Community College to The CEO of the Vocational Educational Committee by which the SNA is employed.



Please refer to Circular 0139/2006 for further information

Appendix 3 - Deferral/withdrawal of Increment(s)

Form DEF-INC

To: SNA Payroll Division

Deferral/withdrawal of Increment(s)

School Name:	_____
School Address:	_____

School Telephone Number:	_____
School Roll No.:	_____

The service of the Special Needs Assistant below has been assessed and their service has been deemed unsatisfactory.

Name: _____
PPS No. _____
The Board of Management/Management Authority has decided that the following action would be taken:
1. Withhold SNA's next increment until _____ (date)
2. Withdraw _____ (number) of increments from _____ (date)
Signed: _____ (Chairperson to BOM/CEO)
DATE: _____

This form should be returned to the Payroll Service of the Dept. of Education & Science/VEC immediately following the decision of the Board of Management/Management Authority.

Completed forms should be returned as follows:

In the case of a SNA employed in a Primary, Secondary, Community or Comprehensive School: SNA Payroll Division, Dept. of Education & Science, Cornamaddy, Athlone, Co. Westmeath.

In the case of a SNA employed in a Vocational School or Community College to The CEO of the Vocational Educational Committee by which the SNA is employed.