



FORM SNA Red1

Details to accompany Application Form for Redundancy RP50

School Details

School Name:	
School Address:	
School e-mail address:	
School Telephone No:	School Roll No:

Special Need Assistant Details

Special Need Assistant Name:	
Special Need Assistant PPSN:	

(Please tick as appropriate)

Did this Special Need Assistant have a child-specific contract? (Circulars SNA 12/05 & 15/05 refer)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Is this Special Need Assistant the most junior post holder in your school in line with Paragraph 4.1 of Circular 0058/2006 ?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Has this Special Need Assistant been given their minimum notice as set out in Paragraph 6.1 of Circular 0058/2006 ?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Does this Special Need Assistant satisfy the criteria for a Redundancy Payment as set out in Circular 0058/2006 ?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Has Circular 0026/2021 been brought to the SNAs attention?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Is this a full Redundancy claim?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Is this a Compensation for Loss of Hours claim?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Summary Details of Redundancy Situation

In the space provided hereunder please provide background details on how the redundancy situation has arisen.

Please confirm the total allocation of SNA support to your school before the Special Need Assistant was made redundant/lost hours (e.g. 3 full time and 5 hours).

Total Allocation

Please confirm the total allocation of SNA support in your school immediately following the Redundancy/Loss of hour's situation.

Total Allocation

Have you applied for additional SNA support for your school which has not yet been processed? (Please tick as appropriate)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

<u>To be signed by the Principal Teacher:</u>	
<i>I certify that, in so far as I am aware, the information supplied on this form is correct.</i>	
Signature:	Date:

<u>To be signed by the Special Need Assistant:</u>	
<i>I certify that, in so far as I am aware, the information supplied on this form is correct.</i>	
Signature:	Date:

<u>To be signed by the Chairperson, Board of Management:</u>	
<i>I certify that, in so far as I am aware, the information supplied on this form is correct.</i>	
Signature:	Date:

The completed form should be attached to Form RP50 and forwarded by e-mail to snaredundancy@education.gov.ie or posted to NTS Redundancy Unit, NTS Payroll Section, Department of Education, Cornamaddy, Athlone, Co. Westmeath, N37 X659.

The Supplementary Assignment Panel form 2021/22 should be retained by the SNA and a copy held by the school.