



Application form for Verification of Teaching Service for Pension Purposes (S1 Form)

Part 1 Information and guidance on the completion of this form

Please read the important information and instructions below and complete this form using **BLOCK CAPITALS**. Incomplete forms will be deemed invalid and returned to the member.

Notes for Teacher:

Part 2 of this form must be completed by the teacher **BEFORE** submitting this form to the School Authority/ETB.

If you have given teaching service in more than one school a separate form must be completed in respect of each school.

Teachers must grant permission to the Teaching Council for their details to be made accessible on the website of the Teaching Council in order for this Department to verify teacher's qualifications. This facility can be enabled on the 'My Registration' section of the Teaching Council's website: <http://www.teachingcouncil.ie>

Notes for School Authority/ETB:

The completed form must be returned to the teacher by the School Authority.

Clarification on Pensionable Periods of Teaching Service

1. List **ONLY** periods of paid non-incremental service, this means, where the teacher was directly paid by the school/authority. E.g. Part-time teaching, Substitute teaching.
2. Part-time service must be shown in periods of unbroken service. The minimum period reckonable is a week in which **at least 9 hours** was assigned to the teacher in any **ONE** school. It is not possible to combine a series of part time teaching service to equate to the nine hours per week requirement.
3. The completed form should include actual dates worked and hours worked (as appropriate) per week.
4. Where service is being claimed for the H Dip year, the form should separately and clearly show; (i) hours which were completed as part of the **Higher Diploma training**
(ii) hours which were paid by the school in a substitute capacity.
5. Hours worked as an integral part of **Higher Diploma training** are **not** reckonable for pension purposes.
6. Where the School Authority does not hold employment records for the employee listed, the school authority shall inform the Department in writing outlining the reason(s) why no such records exist.
7. The original letter issued to the member by the School Authority must be included with the application for service recognition.

Clarification on Time-tabled hours per week

List only the periods of employment in which the teacher was assigned at least **nine hours of time-tabled class instruction**.

Signatory

This certificate **MUST** be signed by a duly authorised representative of the management authority of the **school in which the teaching service was given**



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Please read the important information contained in **Part 1** and complete this form using **BLOCK CAPITALS**.

Incomplete forms will be deemed invalid and returned to the member.

*If your registration details are not accessible to the Department of Education this form will be returned to you.

Part 2 **To be completed by the TEACHER**

1. **Surname:**

2. **First name(s):**

3. **Your Date of Birth:**
D D M M Y Y Y Y

4. **Your PPS Number:**

5. **Your Payroll number:**

6. **Your Teaching Council Registration Number*:**

7. **Qualifications held:**

8. **Year in which Higher Diploma in Education was Awarded (if applicable)**
Y Y Y Y

9. **Your address:**

10. **Your telephone number:**

11. **Your email address:**

To the School Authority/ CEO of _____ School

To the best of my recollection, I taught in the above named school for the following periods.

From	To	Subjects	Hours per week	Contract Type

I would be grateful if you would check the school records regarding this service and complete **Part 3** of this form and return it to me at my address provided above.

Signature of Teacher (not block letters)

Date:
D D M M Y Y Y Y

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Please read the important information contained in **Part 1** and complete this form using **BLOCK CAPITALS**.

Part 3 To be completed by the **CERTIFYING SCHOOL AUTHORITY**

13. School Roll Number:

14. Teacher's Surname:

15. Teacher's First name(s)

16. Teacher's PPS Number

I certify that the details of service listed below in respect of the above named former employee are in accordance with the records of paid employment for this school, available for audit purposes, and are true and correct in all respects to the best of my knowledge and belief.

Period of Service		Employment Category	Timetabled Hours per week	Subjects	Qualified Service	Unqualified Service
Start Date	End Date					

Note: Service given as an integral part of a Higher Diploma in Education training are not reckonable for pension purposes and should be listed separately from all other service provided. Hours in excess of the hours given as part of the Higher Diploma in Education may be accessed for pension eligibility.

Signature (not block letters)

Date:
D D M M Y Y Y Y

Name in Capitals

Official School/ETB Stamp

Position Held: Chairperson/Secretary Board of Management/
Manager/Chief Executive Officer ETB



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Data Protection Privacy Statement

The **main purpose** for which the Department requires the personal data provided by you is to establish whether or not the teaching service you have provided in the named School/ETB is eligible for pension purposes.

The personal data provided may be exchanged with the relevant School Authority/ETB as determined by legislation. The privacy notice outlining further information in relation to this form can be found at:

<https://www.gov.ie/en/collection/general-data-protection-regulation-gdpr-privacy-notice/>

Full details of the Department's data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available at:

<https://www.gov.ie/en/organisation-information/20f6e1-protecting-personal-data-in-the-department-of-education-and-skills/>

Details of this policy and privacy notice are also available in hard copy from the address below upon request.

Where to send my form

Send this form together with any additional required documentation to:

Pension Unit
Department of Education
Cornamaddy
Athlone
Co. Westmeath
N37 X659

Email: pensions@education.gov.ie

Telephone: 090 648 4189

If you are phoning from outside
the Republic of Ireland please call + 353 90 648 4189

You may wish to enter the date you have submitted your application and your own pension number for reference

Date Application Sent

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	2	0	Y	Y