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Approval of Special Needs Assistant Appointments

School:

Roll Number: Position:.....

Name of candidate proposed for appointment:

As Chairperson of the Board of Management of the above school, I confirm as follows:

1. All Rules and Procedures as set out in the document "Circular SNA 03/03- Appointment Procedures for Special Needs Assistants (Updated August 2007) (p.72 of CPSMA handbook), have been properly followed.
2. The allocation of the post has been approved by the National Council for Special Education (NCSE).
3. To the best of my knowledge and belief, there were no undeclared interests among any of the members of the Selection Board.
4. To the best of my knowledge and belief, there were no conflicting interests between any member of the Selection Board and any candidate for the position.
5. All documentation in relation to the selection process is in order, will be stored confidentially, and will be available for inspection if required by law for a minimum of one year.
6. The Selection Board has conscientiously checked the references of the successful candidate and satisfied itself that the candidate is a fit person to be appointed. As per DES Circular 94/2006 an application will be made for Garda Vetting. If the vetting process cannot be completed before the commencement of the post the candidate will be made aware in writing that the post can only be offered on a provisional basis.
7. Each individual member of the Selection Board has formally undertaken to keep the business of the Board confidential at all times, unless required to do otherwise by a legal process.
8. The Members of the Selection Board, as individuals and as a Board, have performed their required duties properly, in keeping with the Rules and Procedures set out in the document "Circular SNA 03/03- Appointment Procedures for Special Needs Assistants (Updated August 2007)"
9. The Board of Management has formally approved the appointment of the above named Special Needs Assistant to the above position, and this decision has been minuted by the Board of Management at its meeting on:

.....(insert date of Board Meeting

Signed:

Date:

Chairperson, Board of Management

Please add Name IN CAPS.....