



Application Form for Carer's Leave

(Under the terms of Department of Education and Science C.L. PPT17/03)

Part 1

(To be completed by the Applicant)

Section A – Personal Details (Block Capitals)

Name:	Employee No:
Address:	School / Centre:
	Post Title:

Name of Relevant Person for whom you wish to apply for Carer's Leave:

Have you previously availed of Carer's Leave? Yes ☐ No ☐

Have you previously availed of Carer's Leave in respect of the Relevant Person named above? Yes ☐ No ☐

If "Yes", state:	From:	To:	Total Number of Weeks:
	From:	To:	Total Number of Weeks:
	From:	To:	Total Number of Weeks:
	From:	To:	Total Number of Weeks:

Overall Total:

Section B – Proposed Period of Carer's Leave

Proposed Start Date of Carer's Leave:

Proposed End Date of Carer's Leave:

State the number of weeks in total:

Section C – Certification

I certify that the information, which I have given in the Application Form, is true and complete. I have read the Carer's Leave Circular PPT 17/03 and I agree to abide by the requirements of this Circular. I wish to confirm that an application for a decision that the Relevant Person is in need of full-time care and attention has been made to the Department of Social and Family Affairs. I understand that any incorrect or inaccurate information supplied by me in this Form shall render my application null and void.

Signature: _____ Date: _____

Part 2 - Approval for Carer's Leave

(To be completed by the CEO of the Cork Education and Training Board or Delegated Officer)

(Upon receipt of Certification from the Department of Social and Family Affairs)

An Application for Carer's Leave, which is approved by the Cork Education and Training Board and signed by the CEO of the CETB (or Deputed Officer), shall be regarded as a Confirmation Document of approval of the leave as detailed in Part 1 of this form in compliance with paragraph 5.4 of Circular PPT 17/03.

A copy of the completed form is returned to the Applicant while the original form, together with a copy of the Certification from the Department of Social and Family Affairs, should be retained by the relevant ETB.

Certification in relation to the above Application from the Department of Social and Family Affairs enclosed.

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Tick

Signature of CEO: _____ Date: _____

Please Note:

An Education & Training Board which decides that an Applicant is ineligible for Carer's Leave or decides to postpone Carer's Leave, should inform the Applicant of same in writing at least four weeks before proposed start date of leave.

OFFICE USE ONLY

Date received in Head Office: _____

Entered into Core

Name: _____ Date: _____