



APPLICATION FORM FOR JOB SHARING

Form JS1

Part 1 (A separate form must be completed by each job sharing applicant)

Name	
Home Address	
Contact Telephone No.	
E-Mail Address	
PPSN	
Teaching Council Registration Number	
Length of continuous service with current employer	
In case of Fixed Term Teachers, contract end date	
School Name & Address	
School Roll Number	

Part 2 – Options for Job Sharing Arrangement

Please indicate which Job Sharing Options you wish to apply for

Please Tick - ✓

☐ Application to share a wholetime post with another teacher in the same school

Name of other Teacher: _____

☐ Application to share a wholetime post with another teacher through an Interschool Job Sharing Arrangement (primary schools only)

Name of other Teacher: _____

Name of other School: _____

Roll No of other School: _____

- ☐ Application to share a whole time post with a replacement teacher. (The replacement teacher to be recruited by my employer)
- ☐ Application to reduce hours of teaching that are less than wholetime hours to job sharing hours and the school is requested to recruit a teacher for the balance of the available hours

Part 3 – Details of Proposed Job Sharing Arrangement

Proposed start date of job sharing arrangement: - -

Please Tick - ✓

I, the undersigned:

- ☐ wish to apply for job sharing in accordance with the regulations as set out in Department Circular 0075/2015.
- ☐ I consent to the transfer of the personal information provided by me on this application form to the partner school involved in the proposed job sharing arrangement
- ☐ I declare that the information which I have given in this Application Form is true and accurate.

Signature of Teacher (Named in Part 1)

Date: - -

Part 4 (must be completed by the Employer(s))

NOTE: The following information should be noted before completion.

1. On the basis of the information contained in Part 1 of the completed application form, Employer(s) should determine whether the teachers satisfy the eligibility criteria as set out in Circular 0075/2015 - Paragraph 5.
2. The decision to approve a job sharing arrangement

Please Tick - ✓

I, the undersigned declare:

- ☐ that I have examined and approved this Job Sharing Application.
- ☐ that the applicant meets the eligibility criteria in Circular 0075/2015 Paragraph 5 and the regulations and procedures set out in this circular have been adhered to.
- ☐ that I have informed the teacher of the decision in writing.

Name: _____ **(In Block Capitals)**

Signature of Employer (Host School) _____

Address: _____

Date: □□-□□-□□

I, the undersigned declare:

- ☐ that I have examined and approved this Job Sharing Application.
- ☐ that the applicant meets the eligibility criteria in Circular 0075/2015 Paragraph 5 and the regulations and procedures set out in this Circular have been adhered to.
- ☐ that I have informed the teacher of the decision in writing.

Name: _____ **(In Block Capitals)**

Signature of Employer (Other School) _____

Address: _____

Date: □□-□□-□□

*The second signature is only required in respect of an interschool job sharing arrangement (primary schools only).