# National Training Programme for Special Needs Assistants (SNAs)

# *The Certificate in Inclusive Support and Care in Education for Special Needs Assistants (SNAs) (Level 6)*

**PRINCIPALS DECLARATION FORM**

The Department of Education fully funds the National Training Programme for SNAs. A SNA must be employed in a school with a roll number to be eligible for the programme.

Please complete the sections below and provide a signature, declaring that you consent to the school's roll number being used to support the application.

You may complete a Declaration Form for more than one SNA if more than one SNA from your school applies for the programme.

## To be completed by the School Principal:

## School Information:

Principal:

School:

## School Roll Number:

## School Address:

Eircode:

School Phone Number:

## Type of School:

*Please tick one:*

Mainstream Primary: Mainstream Post-primary:

Special School: Special Class:

**SNA Support:**

*Please tick one:*

Full-time: Part-time:

(Please specify no. of hours):

**Declaration:**

## I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is currently working in the above-named school as a SNA sanctioned by the Department of Education. I further acknowledge that the information contained in this application form is true and accurate, and that the Special Needs Assistant fulfils the requirements of the course.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Principal’s Signature

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date