

**DEPARTMENT OF EDUCATION FOR
NORTHERN IRELAND**

THIS FORM SHOULD BE USED WHEN CLAIMING RECOGNITION OF EMPLOYMENT WHERE THE EMPLOYER HAS CEASED TO TRADE OR FOR PERIODS OF SELF EMPLOYMENT.

NAME: _____ TEACHER REF: _____

INSTITUTE OF FE TO WHICH APPOINTED: _____

DECLARATION

COUNTY OF:
TO WIT

I _____ of, _____
do solemnly and sincerely declare that the following is a true record of my
employment with _____ of _____.

	Full or Part-Time Service	If Part-Time state total number of weekly hours.	From			To		
			Day	Month	Year	Day	Month	Year
1. Periods of Employment								
2. Period(s) without pay								
3. Capacity of Employment								
4. Full details of duties performed by employee								
5. Areas of responsibility								
6. Number of Staff employee responsible for								

And I make this solemn declaration conscientiously, believing the same to be true, and by virtue of the provisions of the Statutory Declaration Act, 1835.

Declared and subscribed at _____ in the

County of _____ this _____ day of _____ 19____.

Before me,

OFFICIAL STAMP:

When completed this form should be returned to:- FE Section
Department of Education
Waterside House
75 Duke Street
LONDONDERRY
BT47 6FP