



**CASUAL TEACHING AGREEMENT**

**Personal Details:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Student / Staff / Visitor Number: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

**Unit Details:**

Unit Number	Unit Name	Lab, Tutorial, Lectures

Casual Teaching Appointment *dated from* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *till* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hours to be performed in the fortnight: \_\_\_\_\_

Total Hours for Contract: \_\_\_\_\_

Claimant Signature: \_\_\_\_\_

Unit Coordinator Name: \_\_\_\_\_

School Manager: *Mr. Tony Fagan*

Unit Coordinator Signature: \_\_\_\_\_

School Manager Signature: \_\_\_\_\_

**Safety:**

Do the teaching duties involve students working in a laboratory, or other location where safety risks are present?

**Yes** ☐ **No** ☐ *Please tick appropriate box*

if you have answered **YES**, you will be required to fill in a **Safety Induction Form**. *Please see School Office – Room 2.01*

**FOR OFFICE USE ONLY**

Received and Processed Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contract Entered into Alesco by: \_\_\_\_\_