



Form D - *Droichead*

POST-PRIMARY

This form should be submitted to the Teaching Council by teachers who have:

- (a) commenced and completed the Droichead process in the 2017/2018 school year, in an eligible setting over a period of not less than 200 hours;
- (b) engaged professionally with the school-based induction activities and additional professional learning activities.

This form, together with a print-out of the initial email from Limerick Education Centre that confirms the teacher has registered for *Droichead* using the DRI, if applicable, should be posted to the address below.

**The Teaching Council,
Block A,
Maynooth Business Campus,
Maynooth,
Co. Kildare,
W23 Y7XO,
Ireland.**

SECTION 1

Confirmation by the teacher who has engaged in the *Droichead* processForename: Surname: Registration Number: Phone: Address:
Email: Official School Name: School Roll Number: School Address:
Total number of teaching hours in this school (insert no. of hours): From: Setting in which *Droichead* took place¹: Teacher in a recognised post-primary school
(Please tick as appropriate) Teacher in a Special Education School
 Teacher in a Centre for EducationTo: ¹ Please refer to Chapter 2 of Post-Qualification Professional Practice Procedures and Criteria 2017/2018 for more details on eligible settings.

SECTION 1

I confirm that I (please tick):

- have engaged professionally with school-based induction over a period of not less than 200 hours;
- have attended one NIPT Cluster Meeting per term (insert details below):

Date(s) of Attendance:	Education Centre Stamp (or equivalent): PLEASE AFFIX THE OFFICIAL EDUCATION CENTRE STAMP (OR EQUIVALENT) IN THIS BOX
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- have engaged in at least one other Professional Learning Activity relevant to my needs as identified in consultation with the Professional Support Team (PST) (insert details below):

Title:	Date:	Duration:

- have engaged in reflective practice that supported my professional learning and practice, both individually and collaboratively.

- I believe that I am ready to move to the next phase of my professional learning, and have collaborated with my PST to identify the following area(s) of interest for my future professional learning.

Signature (of teacher who has engaged in the *Droichead* process): _____

Date:

SECTION 2**Joint Declaration by the teacher who has engaged in the Droichead process and the PST.**

We have reflected jointly, and believe that the information given above is accurate. Through our engagement in *Droichead*, we believe that we have participated in a quality teaching and learning process. We ask that the Teaching Council reflect this on the register.

Role (e.g. PST Member, External PST Member, NQT)	Name(s) (print in BLOCK CAPITALS)	Signature(s)	Registration Number(s)	Date(s)
School Name & Roll Number		Official School Stamp PLEASE AFFIX THE OFFICIAL SCHOOL STAMP IN THIS BOX		

FORM D – POST-PRIMARY CHECKLIST

Please complete and sign this checklist prior to submitting this application form. If the application form is not complete it will be returned to the applicant.

SECTION 1 -

Confirmation by the teacher who has engaged in the *Droichead* process

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|---|------------------------------|-----------------------------|
| 1. I have attached a print-out of the initial email from Limerick Education Centre confirming that I have registered for <i>Droichead</i> using the DR1 form. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. I have inserted the total number of teaching hours I completed in the school during my <i>Droichead</i> process. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. I have ensured that I have selected the correct setting in which <i>Droichead</i> took place. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. I have ensured that this form has been stamped by the relevant Education Centres (or equivalent). | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. I have signed and dated Section 1. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SECTION 2 -

Joint Declaration by the teacher who has engaged in the *Droichead* process and the Professional Support Team

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|---|------------------------------|-----------------------------|
| 1. I have signed this section, and ensured that all Professional Support Team members have filled in all relevant details, including their signatures, registration numbers and dates. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. I have ensured that the school name, roll number and official school stamp have been inserted. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Signature (of teacher who has engaged in the *Droichead* process): _____

Date: