



## 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 (if registered for *Droichead* pre September 2017) that confirms the teacher has registered for *Droichead* using the DRI, 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* process**Forename:  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 place<sup>1</sup>:  Teacher in a recognised post-primary school  
(Please tick as appropriate)  Teacher in a Special Education School  
 Teacher in a Centre for EducationTo:   <sup>1</sup> Please refer to Chapter 2 of Post-Qualification Professional Practice Procedures and Criteria 2016/2017 (Date 2017) 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):

<b>Date(s) of Attendance:</b>	<b>Education Centre Stamp (or equivalent):</b>  PLEASE AFFIX THE OFFICIAL EDUCATION CENTRE STAMP (OR EQUIVALENT) IN THIS BOX
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<b>Date(s) of Attendance:</b>	<b>Education Centre Stamp (or equivalent):</b>  PLEASE AFFIX THE OFFICIAL EDUCATION CENTRE STAMP (OR EQUIVALENT) IN THIS BOX
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<b>Date(s) of Attendance:</b>	<b>Education Centre Stamp (or equivalent):</b>  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):

<b>Title:</b>	<b>Date:</b>	<b>Duration:</b>

- 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.

<b>Role</b> (e.g. PST Member, External PST Member, NQT)	<b>Name(s)</b> (print in BLOCK CAPITALS)	<b>Signature(s)</b>	<b>Registration Number(s)</b>	<b>Date(s)</b>
<b>School Name &amp; Roll Number</b>		<b>Official School Stamp</b>		
		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

1. I have attached a print-out of the initial email from Limerick Education Centre (if applicable) confirming that I have registered for *Droichead* using the DR1 form.  YES  NO

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2. I have inserted the total number of teaching hours I completed in the school during my *Droichead* process.  YES  NO

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3. I have ensured that I have selected the correct setting in which *Droichead* took place.  YES  NO

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4. I have ensured that this form has been stamped by the relevant Education Centres (or equivalent).  YES  NO

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5. I have signed and dated Section 1.  YES  NO

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### SECTION 2 -

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

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.  YES  NO

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2. I have ensured that the school name, roll number and official school stamp have been inserted.  YES  NO

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

Date: