

## ***Droichead* Shared Learning Bursary Application Form 2016/17**

### **EXPLANATORY NOTES**

PLEASE READ THESE NOTES BEFORE COMPLETING THE FORM

1. This form is intended for completion by schools that have formed a Shared Learning Network.
2. The purpose of the Shared Learning Bursary is to support collaboration between schools. This collaboration could include facilitating observations by the NQT, working together on developing indicators of good practice and induction activities between schools, sharing practice to support the NQT, etc.
3. Each network must include at least one *Droichead* school. A *Droichead* school is one which
  - (a) has completed the training, and
  - (b) has had at least one NQT engaged in the *Droichead* process and can therefore share its experience of *Droichead* with other schools.
4. Networks can be cross-sectoral, i.e., primary and post-primary schools working together.
5. A bursary of €500 will be paid to each school in a Shared Learning Network up to a maximum of €2000 per network.
6. Bursaries will be paid by the Teaching Council by means of electronic bank transfer into the schools' bank account.
7. Payments will be made when **all** relevant sections of this form are completed and submitted.
8. Queries in relation to any aspect of this form should be made to the NIPT by emailing [angiegrogan@teacherinduction.ie](mailto:angiegrogan@teacherinduction.ie) (post-primary) or [doireannquinn@teacherinduction.ie](mailto:doireannquinn@teacherinduction.ie) (primary)
9. **Completed forms should be returned by a *Droichead* school on completion of a programme of *Droichead* Professional Learning in an envelope marked primary or post-primary to :**

#### ***Droichead* Bursary**

The Teaching Council  
Block A, Maynooth Business Campus  
Maynooth,  
Co. Kildare

## ***Droichead* Shared Learning Bursary Application Form 2016/2017**

The following schools are part of a Shared Learning Network. At least one school in this Network is a *Droichead* school which has completed a programme of *Droichead* Professional Learning with the NIPT.

**N.B. Each school listed below should complete page 3 of this form. One form (which should include page 3 for each school) should be submitted per network to NIPT.**

School Name	Roll Number	School Address	Has the school completed a <i>Droichead</i> programme of Professional Learning with the NIPT? (Y/N)	Does your school have an NQT currently participating in <i>Droichead</i> ? (Y/N)	Has an NQT previously completed <i>Droichead</i> in your school? (Y/N)

Please indicate the type of collaborative activities which schools are planning.

**SHARED LEARNING NETWORK - SCHOOL DETAILS**

**SECTION 1 – School Information**

<b>School Name:</b>		<b>Email Address:</b>	
<b>Name of Principal:</b>		<b>School Phone Number:</b>	
<b>County:</b>			

**SECTION 2 – School Type**

Category of School			
Primary School <input type="checkbox"/>	Post- primary <input type="checkbox"/>	Special School <input type="checkbox"/>	Other (please state) <input type="checkbox"/>

**SECTION 3 – Bank Details**

<b>Name of bank:</b>	
<b>Branch address:</b>	
<b>Account Name:</b>	
<b>IBAN</b>	
<b>Account number:</b>	
<b>Sort code:</b>	

**Principal Verification**

**I certify that the information in Sections 1, 2 and 3 above is correct:**

**Name of Principal:** \_\_\_\_\_  
(Print)

**Signature of Principal:** \_\_\_\_\_

**Date:** \_\_\_\_\_

School Stamp
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