



Form: EXT-01

APPLICATION FOR AN EXTENSION TO A PERIOD OF CONDITIONAL REGISTRATION

This form should only be used where a teacher with conditional registration is seeking an extension to that period of conditional registration in accordance with section 32(1) (a) of the Teaching Council Acts 2001 to 2006.

This form must be accompanied by a cover note outlining how you have addressed your conditional registration to-date and how you intend addressing it going forward. It must be accompanied by original or certified copy documentary evidence that supports the reason(s) for which the extension is being sought. In the case of a bereavement of an immediate family member, a teacher may wish to request that a supporting teacher verifies the reasons for which an extension is being sought.

*Primary teachers registered subject to the condition of probation and where the outcome of a competence assessment by the Inspectorate has been unsatisfactory must apply by letter in writing to the Registration Panel for an extension.

| | | | | | | | | |
|--|--|---|--|--|--|--|--|--------------------------|
| Forename: | | | | | | | | |
| Surname: | | | | | | | | |
| PPS Number: (Formerly RSI Number) | | | | | | | | |
| Teaching Council Registration Number: | | | | | | | | |
| Registration Condition(s): | | | | | | | | |
| Registration Condition Expiry Date: (as recorded on the register) | | | | | | | | |
| If the registration condition is Probation, has an assessment of competence taken place? | <input type="checkbox"/> Yes | Outcome of competence assessment by Inspectorate*: | | | | | | |
| | <input type="checkbox"/> No | | | | | | | |
| Please indicate the reason for this extension request: | PLEASE TICK | | | | | | | |
| | Where maternity, paternity, adoptive or unpaid leave has been granted to a registered teacher | | | | | | | <input type="checkbox"/> |
| | Where the employment necessary to meet a condition has not been secured (Unemployment) | | | | | | | <input type="checkbox"/> |
| | Where a teacher has undertaken further full-time study | | | | | | | <input type="checkbox"/> |
| | Where a teacher has undertaken long-term foreign travel or alternative employment | | | | | | | <input type="checkbox"/> |
| | Long term illness which prevents a teacher from working or serious illness of an immediate family member [#] where a registered teacher has acted as a carer | | | | | | | <input type="checkbox"/> |
| | Bereavement of an immediate family member [#] or dependent of a registered teacher | | | | | | | <input type="checkbox"/> |
| Other Reason: (Please provide details and attach documentary evidence, including cover note) | | | | | | | | <input type="checkbox"/> |
| Is supporting documentation attached? | <input type="checkbox"/> Yes | Documentary evidence must be attached for all reasons other than those of bereavement of an immediate family member. Please see attached notes. | | | | | | |
| | <input type="checkbox"/> No | | | | | | | |
| I hereby certify the reasons for which I am seeking an extension are true and correct to the best of my knowledge | | | | | | | | |
| Signature of teacher applying for the extension: | | | | | | | | |

I wish to apply for an extension to my conditional registration which expires on _____. I currently have the condition(s) of _____ outstanding. The following provides evidence on how I have addressed my condition(s) to-date and how I propose addressing them going forward.

Evidence of how I have addressed my conditions to-date

Proposals on how I intend to address my conditions going forward

Name
Registration Number
Date

+ As a teacher can pursue the Irish Language Requirement (for primary teachers), without being employed in a school, the reason of unemployment or unsuitable employment cannot be used in seeking an extension to the timeframe to complete the Irish Language Requirement.

For the purposes of this form, an immediate family member is defined as a child or adopted child, husband/wife/partner, brother/sister, parent, person to whom the teacher has a duty of care (that is, he/she is acting in loco parentis) or person in a relationship of domestic dependency with the teacher including a same-sex partner. (Adapted from Citizens Information Ireland 2013)

*The extension granted may be rounded up to the end of the month or school year in favour of the applicant based on the nature of registration condition subject to a maximum of two years.

| | | |
|--|---|----------------------------|
| For Admin Use Only | Date Processed: | Processed By: |
| Documentary Evidence Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No | Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Registration Condition: | Extension Granted: | New Condition Expiry Date: |
| Registration Condition: | Extension Granted: | New Condition Expiry Date: |
| Form Scanned and Appended to Registration Record: <input type="checkbox"/> Yes <input type="checkbox"/> No | Updated letter confirming registration issued: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

NOTES

Periods of conditional registration

The Council normally grants conditional registration for three years. In certain limited circumstances as listed above, a registered teacher may apply to the Council for an extension to his/her period of conditional registration. An extension of up to two years (bringing the period of conditional registration up to five years) may be granted in such circumstances provided that satisfactory documentary evidence supporting the request for the extension is provided.

Applications for extensions beyond the five-year period will be considered by the relevant panel of Council on an exceptional basis. In such cases, applicants will be required to demonstrate their engagement to date towards meeting the requirements of the registration condition and provide a cover note along with comprehensive documentation supporting the reasons why they have not met the requirements of the condition within the five-year period.

Revised August 2016

When to apply for an extension

Applications for an extension must be made in the year that a condition is due to expire and at least six months prior to the expiry date of the condition.

Documentary Evidence

A cover note outlining how you have addressed your conditions to-date and/or how you intend addressing them going forward is required. Original or certified copy documentation will be required in order to secure an extension. In the cases of bereavement of immediate family members, a teacher may seek for a colleague to certify the details please see the bottom of the grid above.

| Reason | Type of documentary evidence required | Extension granted subject to the maximum period of conditional registration * |
|--|---|---|
| Maternity Leave | Cover note with original or certified copy of Birth Certificate or Doctor's letter proving birth of a child | 12 Months |
| Adoptive Leave | Cover note with original or certified copy of confirmation of adoption from Adoption Board or equivalent | 12 Months |
| Paternity Leave | Cover note with original or certified copy of grant of paternity leave | Duration of leave |
| Unpaid Leave | Cover note with original or certified copy of unpaid leave | 12 Months |
| Unable to secure teaching employment or adequate periods of employment ⁺ | Cover note with original or certified copy of applications for work/interviews/refusals (max 3 copies per category) or proof of receipt of unemployment benefit for the period or proof of short periods of unsuitable employment(max 3 copies per category) or service history record from the DES | Duration of unsuitable/insufficient employment |
| Long term travel (outside of Ireland) | Cover note outlining period of travel with attached proof of travel including departure and return dates and to exclude annual leave. | Duration of travel (during term time) (max 1-2 Years) |
| Long term employment other than in teaching ⁺ | Cover note and proof of employment including commencement date and cease date | 1-2 years |
| Full time study | Cover note and original or certified copy proof of full time study including start dates and cease dates | 1-2 years |
| Substitute teaching which does not meet the requirements for probation | Cover note with service history record from the Department of Education and Skills or your employer. | 1 Full academic year |
| Long term illness (including miscarriage) | Cover note with original or certified copy of letter from Doctor or Consultant or Hospital citing the duration for which the teacher was not in employment or in proof of carer's leave and allowance where a teacher has acted as carer of an immediate family member [#] | Duration of absence from employment |
| Bereavement of immediate family member [#] to the teacher | Certification by other registered teacher or original/certified copy of Death Certificate (Certification section below) | 6 months |
| Certification by registered teacher (with current registration) in cases of bereavement only | | |
| Forename: | | |
| Surname: | | |
| Registration Number: | | |
| I hereby certify that the teacher named above has suffered a bereavement of an immediate family member[#]. | | |
| Signature of certifying teacher: | | |
| Registration Number of Certifying Teacher: | | |