

Form D - *Droichead* - PRIMARY

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

- (a) Commenced and completed the *Droichead* process in the 2018/2019 school year, in an eligible setting over a period of not less than 60 days
- (b) Engaged professionally with the school-based induction activities, Cluster Meetings and additional professional learning activities during the *Droichead* process

SECTION 1 - PERSONAL DETAILS

Title:

Forename: Surname:

Registration No: Mobile Phone No:

Address:

Email:

**The address, phone numbers and email listed above should match those held on the Register of Teachers.*

SECTION 2 - SCHOOL DETAILS

Official School Name:

School Roll Number:

School Address:

SECTION 3 - YOUR DROICHEAD TIMELINE AND EMPLOYMENT DETAILS

Date employment commenced:

Date *Droichead* process commenced: (See **Note 1**)

Date *Droichead* process concluded: (See **Note 2**)

Total number of consecutive teaching days completed in this school **during your *Droichead* process:** (See **Note 3**)

Please choose one setting in which your *Droichead* took place: (See **Note 4**)

- Mainstream Class Teacher
- Teacher in a Special Education School
- Full-Time Special Education Teacher (SET) in a mainstream school (See **Note 5**)

SECTION 4 - SCHOOL BASED INDUCTION (STRAND A)

Please tick (✓) the boxes below as appropriate:

I have engaged professionally with school-based induction over a period of not less than 60 days

SECTION 5 - CLUSTER MEETINGS (STRAND B)

I have attended one National Induction Programme for Teachers (NIPT) Cluster Meeting per term

Important Note: Newly Qualified Teacher's (NQTs) are required to attend one cluster meeting (specific to their sector) **per term** in sequential order for the duration of their *Droichead* Process. If for any reason you miss a cluster meeting, you will be required to complete it at a later stage and submit additional documentation. Please refer to the NIPT website www.teacherinduction.ie for further information (See **Notes 6 & 7**)

Insert the cluster meeting number here:

Date of cluster meeting:

Location:

Education Centre Stamp (or equivalent):

PLEASE AFFIX THE OFFICIAL EDUCATION CENTRE STAMP (OR EQUIVALENT) IN THIS BOX

Insert the cluster meeting number here:

Date of cluster meeting:

Location:

Education Centre Stamp (or equivalent):

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Insert the cluster meeting number here:

Date of cluster meeting:

Location:

Education Centre Stamp (or equivalent):

PLEASE AFFIX THE OFFICIAL EDUCATION CENTRE STAMP (OR EQUIVALENT) IN THIS BOX

I previously completed the full Induction Workshop Programme (20 hours) and am only required to complete Cluster Meeting 1 (see **Note 8**)

SECTION 6 - PROFESSIONAL LEARNING ACTIVITIES (STRAND B)

I have engaged in at least one other Professional Learning Activity, relevant to my needs **as identified in consultation with my PST.**

The Professional Learning Activity I engaged in is as follows:

Date(s) professional learning activity took place:

Duration of activity:

OR

As I previously completed the full Induction Workshop Programme (20 hours), the completion of one other Professional Learning Activity is not required (see **Note 8**)

SECTION 7 - REFLECTIVE PRACTICE

Please tick (✓) the boxes below as appropriate:

I 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 I have collaborated with my PST to identify the following area(s) of interest for my future professional learning:

Insert area(s) of interest for your future professional learning as identified with your PST here

SECTION 8 - JOINT DECLARATION BY YOU AND THE PST WHO ENGAGED IN YOUR DROICHEAD PROCESS

Please ensure that the joint declaration below is completed fully by you and all of the PST members who have participated in your *Droichead* process (See Note 9)

We have reflected jointly, and believe that the information given above in Sections 3, 4, 5, 6 and 7 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)	Teaching Council Registration No.	Date of Completion of the NQT's <i>Droichead</i> Process <small>(*The PST should not sign until all <i>Droichead</i> strands have been completed)</small>
School Name		Official School Stamp		
Roll Number		PLEASE AFFIX THE OFFICIAL SCHOOL STAMP HERE		

I declare that the information provided by me in all sections of this form is true and accurate

Signature of NQT:

Date:

SECTION 9 - CHECKLIST

Applicants are required to complete all sections of this Form D. This requires that **all** relevant fields are populated, **all** tick boxes are checked and relevant sections are signed, dated and stamped.

Incomplete forms cannot be processed and will be returned for completion/correction. It is only on receipt of a fully completed form that the Teaching Council will be in a position to determine the removal of the condition of *Droichead* and the update of your registration status.

Section 1 and Section 2 – Personal Details and School Details

Please tick (✓)

1. I have inserted all personal/school details including the name and roll number and postal address of the school where I completed my *Droichead* process. YES

Section 3 – Your *Droichead* Timeline and Employment Details

1. I have inserted my employment commencement date. YES
2. I have inserted the dates for commencement and conclusion of my *Droichead* process. YES
3. I have inserted the total number of consecutive teaching days in the school. YES
4. I have ensured that I have selected the correct setting in which *Droichead* took place. YES

Section 4 – School Based Induction (Strand A)

1. I have ticked the box to indicate that I have engaged professionally with school based induction over a period of not less than 60 days. YES

Section 5 – Cluster Meetings (Strand B)

1. I have ensured that this form has been stamped (or equivalent) by the relevant Education Centre where I attended Cluster Meetings. YES
2. I previously completed the induction Workshop Programme (20 hours) and am only required to complete Cluster Meeting 1. YES

Section 6 – Professional Learning Activities (Strand B)

1. I have indicated that I have engaged in at least one other Professional Learning Activity and have provided details of same to include, title, duration and date activity took place. YES

Section 7 – Reflective Practice

1. I have indicated that I have engaged in reflective practice and am ready to move to next phase of professional learning. YES
2. I have identified an area(s) of interest for my future professional learning. YES

Section 8 – Joint Declaration By You and the PST who engaged in your *Droichead* Process

1. I have ensured that all PST Members who engaged in my *Droichead* process have filled in all relevant details of the joint declaration including their signatures, Teaching Council Registration Numbers and date of completion of the *Droichead* process. YES
2. I have ensured that the school name, roll number and official school stamp have been inserted. YES
3. I have signed and dated the joint declaration following completion of Strand A and Strand B YES

Confirmation that you have registered for *Droichead*

1. I have attached a print out of the initial email confirmation from the Teaching Council confirming approval to commence the *Droichead* process. YES

Guidance Notes: Please read these notes prior to completing this form

- Note 1:** Your *Droichead* process cannot commence until you receive your confirmation email from the Teaching Council confirming approval to commence *Droichead* or the day after your Professional Support Team (PST) has concluded two days of PST training – whichever is the latest date.
- Note 2:** Your *Droichead* process can only be completed when the PST have concluded all four days of their PST training and you have engaged with school based induction of not less than 60 days (Strand A) as well as meeting the Cluster Meeting and additional professional learning activity requirement (Strand B).
- Note 3:** The total number of consecutive teaching days should cover the period of commencement to completion of your *Droichead* process, not your total period of employment.
- Note 4:** Please refer to Chapter 2 of Post-Qualification Professional Practice Procedures and Criteria 2018/2019 on the Teaching Council's website for more details on eligible settings
- Note 5:** Special Education Teaching (SET) positions include resource teaching, learning support, Speech and Language support and English language support or any full-time combination of these positions.
- Note 6:** Cluster Meetings must be attended within the timeframe indicated in the Application. Attendance at Cluster Meetings in advance of application for the process **will not** be considered
- Note 7:** Where a teacher fails to attend a Cluster Meeting, this must be rectified in advance of signing and submitting this form. Please see the NIPT website www.teacherinduction.ie for full information including the required form.
- Note 8:** All teachers are encouraged to review the Transitional Arrangements 2018/2019 on the Council's website to ensure that they are aware of any exemptions that may be applicable to them especially in relation to Cluster Meetings and Professional Learning Activities.
- Note 9:** All PST members must hold full registration with the Teaching Council

This form, together with a print-out of the initial email confirmation from the Teaching Council that confirms that you have registered for *Droichead*, should be posted to the address below:

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