



Form: PRQA-01

Application for the Assessment of Qualifications Leading to Registration as a Teacher

In accordance with the Teaching Council (Registration)
Regulations 2016: Primary (Route One), and other (Route Four)

Important: Please read the notes below and Guidance Notes before submitting your application.

1. Evidence of recognition under EU Directive 2005/36/EU

Your application cannot be processed without evidence that you are a fully qualified primary teacher in the country in which you completed your initial teacher education qualification and that you have completed any period of statutory post-qualification induction/probation. This evidence can be obtained from the competent authority in that country (e.g. Teaching Council equivalent body/ Department/Ministry of Education). **If completed in an EU/EEA member state, your statement must confirm you are recognised under the EU Directive 2005/36/EC.**

2. Required Documentation

Please ensure that you submit all required documentation including evidence of all your teaching experience and academic study to date. Please use the checklist provided.

3. Processing Time

An assessment of your application and qualifications can only commence when you have submitted all required documentation to the Council. It does not start from the date you submit your first application. It is only when all documents have been received that an assessment of your file is can commence. It is your responsibility to ensure that all requested documentation has been submitted. The assessment will take approximately twelve weeks from the date of receipt of all requested documentation.

SECTION A – Personal Details

PPS No:

Teacher/Payroll No:

Title:

Surname:

Forename:

Gender: Male Female Other

Date of Birth:

Nationality:

Previous Name:

Address for Correspondance:
This must be a residential address. Notices served under Section 62 of the Teaching Council Act, 2001 will be served to this address.

Eircode:

Mobile phone No:

Home phone No:

Email:

SECTION B – Authorisation for the Transfer of Qualifications/Registration Details to Paymaster for current or prospective employers

I,

hereby authorise the Teaching Council to provide details relating to my Qualifications to my paymaster (i.e. The Department of Education & Skills or ETB).

Yes

No

Authorisation for Transfer of Details from Employer to Teaching Council

In some cases, in order to complete the registration process, the Teaching Council may be required to seek further information regarding an applicant's qualifications, or in relation to the qualification allowances that an applicant has been granted by his/her employer.

I,

hereby authorise the Department of Education and Skills or ETB to transfer to the Teaching Council, details relating to the status of my qualifications, probationary period or the qualification allowances that I have attained.

Yes

No

SECTION C – QUALIFICATIONS ASSESSMENT

Undergraduate Degree Qualifications

Title of Qualification:

Awarding Authority:

College Attended:

Year Awarded:

Duration of programme:

Number of ECTS Credits:

(in the entire qualification)

** See Guidance Notes*

Type of Study:

(Full-time, Part - time,

Distance Learning etc)

Level of Award (Results):

(e.g. 2.1 Honours, Pass, GPA = 3.42)

Online Access to
Qualification Details:

*(may be used in lieu of
providing photocopies of
transcripts of results)*

Website address or URL
Username or User ID
Authorisation code
or password

e.g <https://digitary.ul.ie>

The following mandatory documentation must be submitted for each qualification you wish to have assessed:

1. Photocopy of the official statement of transcripts of results for each year which will provide: the titles of subjects/modules studied in each year of the course
A photocopy of module descriptors relating to each year of the qualification which provides: the module title/code which corresponds to the academic transcripts of results.
2. A photocopy of the qualification parchment.

SECTION C – QUALIFICATIONS ASSESSMENT DETAILS OF TEACHER EDUCATION QUALIFICATIONS

The course of primary teacher education should include all three of the following major areas:

- ▶ Studies in the Foundation Disciplines of Education,
- ▶ Professional Studies (Studies in Curriculum/Pedagogy), and
- ▶ School Placement

The applicant must provide officially certified evidence of satisfactory achievement in initial teacher education by submitting the following evidence:

- ▶ the completed Teacher Education Assessment (page 4) outlining the contact hours studied for all subjects/modules taken as part of the teacher education programme.
- ▶ evidence of the age range, classes, duration, subjects taught and school setting of the supervised teaching practice which formed part of the programme
- ▶ evidence of the age range of pupils studied as part of the teacher education programme
- ▶ photocopies of transcript(s) of all subjects/modules taken as part of the teacher education programme for each year of study outlining results of each subject/module taken
- ▶ the course handbook that provides course descriptions for each subject/module listed on the transcripts (if this is not available, provide certified course content from the college attended)
- ▶ Evidence of qualified teacher status (QTS)/State licence which clearly indicates the age range of pupils for which you are qualified to teach; issued by the competent authority (Teaching Council, State Department or Board of Education, etc.) in the state where the qualification(s) were obtained. If applying under the EU Directive 2005/36/EC (as amended), this must be stated on this document.

Notes for completing the Teacher Education Assessment

1. This table can be completed by
 - a. the course provider of the programme of teacher education, or
 - b. the applicant with certification from the course provider.

Contact hours equate to college lecture time/credits.

The module codes must match the codes on the transcript. The module codes must also be indicated on the course handbook.

2. A maximum credit of 3 hours in each subject area in Section A (Foundation Disciplines of Education) may be granted for post-qualification mainstream teaching experience, where a minimum of 5 years post-qualifying experience has been achieved within the last 10 years.

A maximum credit of 3 hours in each subject area in Section B (Studies in Curriculum/Pedagogy) may be granted for post-qualification mainstream teaching experience, where a minimum of 5 years post-qualifying experience has been achieved within the last 10 years.

SECTION C – QUALIFICATIONS ASSESSMENT

TEACHER EDUCATION QUALIFICATIONS ASSESSMENT (Please see Note 1 on page 4)		
Teacher Education College Attended:		
Age Range of Pupils the Qualification Entitles the Bearer to Teach:		
Age Range of Pupils studied during the Teacher Education Qualification:		
AREAS OF STUDY	TOTAL NUMBER OF CONTACT HOURS	MODULE CODE(S)
1. Foundation Disciplines of Education		
Philosophy of Education		
Sociology of Education		
Psychology of Education (including teaching, learning and child development)		
History of Education		
Inclusion and Diversity		
Other subjects not listed above		
2. Studies in Curriculum/Pedagogy		
Language		
English		
Gaeilge		
Mathematics		
Social Environmental Science Education (SESE)		
History		
Geography		
Science		
Arts Education		
Visual Arts		
Drama		
Music		
Physical Education		
Social, Personal and Health Education (SPHE)		
School and Classroom Management and Organisation		
Principles and Practice of Pupil Assessment		
Use of Information and Communications Technology (ICT) in teaching and learning		
Early Childhood Education		
Other subjects not listed above		

TEACHER EDUCATION QUALIFICATIONS ASSESSMENT (Continued)			
3. Supervised Teaching Practice			
Total Number of Weeks			
Module Code as per Transcript			
Age range of Pupils taught on Teaching Practice (T.P.) throughout the entire qualification:		From:	To:
Teaching Practice Session	Duration (Weeks)	Age Range of Pupils	Type of Class (e.g. Mainstream, Special Education etc.)
1.			
2.			
3.			
4.			
5.			
6.			
4. Certification by college or University			
Name of the certifying person:			
Signature of certifying person:		Date:	
Position in the college/university:			
Name of applicant:			
Signature of applicant:		Date:	
Course Provider's Stamp: <i>(Certifying the details of the Teacher Education Qualification as provided in this table)</i>		PLEASE AFFIX THE OFFICIAL SCHOOL/ COLLEGE STAMP IN THIS BOX	

SECTION C – QUALIFICATIONS ASSESSMENT

Other Relevant Qualifications

Title of Qualification:

Type of Qualification:

Award Authority:

Year Awarded:

Duration of Course :

ECTS credits:

Type of Study:

*(Full-time, Part-time,
Distance Learning etc.)*

Level of Award *(Results):*

(e.g. 2.1 Honours, Pass, GPA = 3.42)

Please provide the following documentation for this qualification:

1. Photocopy of the official statement of transcripts of results for each year which will provide:
 - the titles of subjects/modules studied in each year of the course and the grades obtained
 - the number of ECTS credits (or equivalent) in each module (if available).
2. A photocopy of the qualification parchment.
3. A photocopy of module descriptors relating to each year of the qualification which provides:
 - The module title/code which corresponds to the academic transcripts of results.
 - A brief description of the content of each module outlining the learning outcomes.

SECTION D – FIT AND PROPER PERSON ASSESSMENT

CHARACTER REFERENCE

Note: This section must be signed by a professional person in a position of academic responsibility. Please refer to the Guidance Notes before completing this section.

I hereby certify that, in my professional capacity, I have known this applicant for one academic year in the last five years and that I know of nothing in his/her character that renders him/her unfit for the teaching profession.

Name of Professional Person <i>(in block capitals)</i> :			
Signature of Professional Person:		Date:	DD/MM/YYYY
Occupation/Position of Professional Person:			
Address of Professional Person:			
Teaching Council Registration Number <i>(if applicable)</i> :			

PLEASE AFFIX THE OFFICIAL SCHOOL/COLLEGE STAMP IN THIS BOX

VETTING

Please refer to the Guidance Notes before completing this section.

If you are applying for Vetting together with Registration, please continue to complete and submit this form. The Teaching Council will process your application on receipt of your vetting result from the National Vetting Bureau (NVB) and the fulfillment of any overseas police clearance requirements (if applicable).

Vetting Reference Number:	TEC001-20180426-00000
Date of Vetting Disclosure <i>(if received)</i> :	

OVERSEAS POLICE CLEARANCE

I have provided/enclose overseas police clearance documentation:

Provided Enclosed N/a

SECTION E – PREVIOUS TEACHING SERVICE

Please provide information below about your teaching service (if applicable) as a qualified teacher* in chronological order. Evidence of this service must also be attached to this application (e.g. references, statement of service, etc.) Further details can be provided on a separate sheet.

*Recognised as a qualified teacher by the competent authority (Teaching Council, State Department or Board of Education, etc.) in the state where the qualification(s) were obtained.

1	DURATION OF SERVICE <i>provide exact dates e.g. 1/8/2003 to 31/7/2005</i>	
	SCHOOL NAME AND ADDRESS	
	SCHOOL TYPE <i>e.g. State School, Special School, Private School, etc.</i>	
	NO. OF HOURS TEACHING PER WEEK	
	POSITION <i>e.g. Assistant Principal, Special Duties Post, etc.</i>	
	NATURE OF THE CONTRACT	

2	DURATION OF SERVICE <i>provide exact dates e.g. 1/8/2003 to 31/7/2005</i>	
	SCHOOL NAME AND ADDRESS	
	SCHOOL TYPE <i>e.g. State School, Special School, Private School, etc.</i>	
	NO. OF HOURS TEACHING PER WEEK	
	POSITION <i>e.g. Assistant Principal, Special Duties Post, etc.</i>	
	NATURE OF THE CONTRACT	

SECTION F – IRISH LANGUAGE REQUIREMENT

If your teacher education qualification was gained outside of Ireland, you will be required to address the Irish Language Requirement in order to be fully registered as a primary teacher. The Irish Language Requirement can be completed via an Aptitude test (The Scrúdú le hAghaidh Cáilíochta sa Ghaeilge which includes a period of attendance at the Gaeltacht) or via an Adaptation Period (Oiriúnú le hAghaidh Cáilíochta sa Ghaeilge). Please contact Coláiste Mhuire Marino directly to enroll Tel: 01 8535143 / 01 8535134 www.ilrweb.ie. Teachers may be registered on a conditional basis for a maximum of three years as this requirement is being fulfilled. Failure to address this condition will result in your registration lapsing.

I wish to address the Irish Language Requirement by completing the:

Aptitude Test – Scrúdú le hAghaidh Cáilíochta sa Ghaeilge

Adaptation Period – Oiriúnú le hAghaidh Cáilíochta sa Ghaeilge

SECTION G – ENGLISH LANGUAGE REQUIREMENT

English is my first language

OR

1. I enclose with this application a photocopy of a qualification (teacher education or undergraduate) acquired and examined through the medium of English.

OR

2. I enclose a photocopy of an IELTS (International English Language Testing System) certificate attesting knowledge in the English language with a score of 7.0 or above.

OR

3. I enclose evidence of living and practicing in a professional capacity through the medium of English in a country that has English recognised as an official language for three out of the preceding five years.

OR

4. I enclose evidence of living and undertaking a programme of learning through the medium of English in a country that has English recognised as an official language for three out of the preceding five years.

The Teaching Council reserves the right to independently verify the scores with IELTS. All components of the IELTS test must be attempted at the same sitting. The test must have been undertaken no more than five years prior to the date of submission or the applicant must provide evidence of having resided and worked/studied on a full time basis in an English speaking environment since having completed the evaluation. The IELTS certificate (where required) must be supplied with the registration application form, registration cannot be finalised without this document.

SECTION H – DECLARATION

The following questions should be answered by entering a tick (✓) in the appropriate box. In any case where the response to a question is Yes, full details should be given on a separate sheet and referenced to the appropriate question.

1. Have you been convicted of any criminal offence (including motoring offences) in the State or elsewhere? (Under the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 certain convictions are not required to be disclosed). YES NO
2. Have you been the subject of any adverse outcome or finding or sanction following an inquiry or disciplinary procedure by a professional or regulatory body in the State or elsewhere? (including this Teaching Council or equivalent body in any other jurisdiction). YES NO
3. Have you been the subject of any adverse outcome or finding or sanction following an inquiry or disciplinary procedure by an employer (current or previous) in the State or elsewhere? (This includes situations where workplace restrictions were imposed following an inquiry or disciplinary procedure). YES NO
4. Are you currently the subject of any pending proceedings or investigation of the kind described in 1, 2 or 3 above, including any pending investigation being carried out by the Health Service Executive or TUSLA, the Child and Family Agency? YES NO
5. Is there any other relevant information that the Council should know about which may have a bearing upon your suitability to register? YES NO

I declare that:

- (i) the information provided by me in all sections of this application is true and accurate.
- (ii) I understand that further to a vetting disclosure, the Teaching Council may seek submissions, documentary and other evidence to enable the Council to satisfy itself that I am a fit and proper person to be admitted to the Register of Teachers.
- (iii) I understand that the Council may impose conditions on my registration where it deems appropriate.
- (iv) I understand that the Teaching Council shall refuse to register me if it is not satisfied that I am a fit and proper person to be admitted to the Register.
- (v) I understand that the Teaching Council may seek information from me, or any other relevant person, to verify any of the information submitted by me for the purpose of this registration application.
- (vi) I understand that it is an offence to make a false or fraudulent declaration or misrepresentation and that it could also lead to a complaint to the Council's Investigating Committee.
- (vii) I understand that as a registered teacher I will be responsible for upholding and promoting the standards of the profession as set out in the Codes of Conduct and Practice for Registered Teachers. Relevant information would include any involvement in activities which could bring the reputation of the profession into disrepute.
- (viii) I have read and understood the Council's Privacy Statement as published on the Council's website.

Signature of applicant:

Date: DD/MM/YYYY

SECTION I – PAYMENT/CALCULATION OF FEES

The following fees apply:

Fee Schedule	Fee	Amount Submitted
Qualification assessment	€200	
Registration fee <i>The registration fee is refundable if registration is not granted.</i>	€90	
Total Amount Submitted:		
Method of payment (enclosed with this application) (Please make payable to the Teaching Council) Cash will not be accepted		Cheque <input type="checkbox"/> Bank Draft <input type="checkbox"/> Postal Order <input type="checkbox"/>

There is no additional fee for vetting. Please choose one of the following payment options.
PLEASE DO NOT SUBMIT CASH.

Option 1: Debit/Credit Card

Master Card: Visa (Credit or Debit):

Card Number:

Expiry Date: -

CVV/CVN*: **The last three digits of the security code on the reverse of the card*

Cardholder's name (please print name):

Cardholder's signature:

NOTE: This page will be securely disposed of once processed.

Option 2: Cheque, Postal Order or Bank Draft made payable to The Teaching Council.

I enclose a: Cheque Postal Order Bank Draft

SECTION J – APPLICANT CHECKLIST

This application form outlines specific documentation which must be provided. This is required to enable the Council to make an informed decision as to whether your qualification(s) meet(s) specific requirements for registration.

Failure to submit all documentation requested will result in your application being returned.

Before submitting your application you should ensure that you have done/ enclosed the following:

1. I have read the Guidance Notes prior to completing this application form.	<input type="checkbox"/> Yes
2. I have fully completed this application form and have entered N/A in any field that is not applicable.	<input type="checkbox"/> Yes
3. I have included a photocopy of my marriage certificate/deed poll to facilitate a name change (if applicable.)	<input type="checkbox"/> Yes
4. I have provided a photocopy of identification (birth certificate/current passport)	<input type="checkbox"/> Yes
5. I have provided a photocopy of statement of Qualified Teacher status and a statement from the competent authority in the country in which I trained confirming that I am fully recognised as a teacher in that country and have completed any period of statutory induction. If completed in an EU/EEA member state, my statement confirms that I am recognised under the EU Directive 2005/36/EC.	<input type="checkbox"/> Yes
6. I have provided photocopies of the academic transcripts of results for each of my qualifications showing the grades/results attained and final award.	<input type="checkbox"/> Yes
7. I have provided a photocopy of the module descriptors/course outline providing a description of each module studied.	<input type="checkbox"/> Yes
8. I have provided evidence of all teaching service to date.	<input type="checkbox"/> Yes
9. I have included Certified translations of any documents above not written in the English Language.	<input type="checkbox"/> Yes
10. I have included the Qualification Assessment and Registration fee	<input type="checkbox"/> Yes
11. I have provided evidence that I have the necessary knowledge of English to communicate effectively (as applicable)	<input type="checkbox"/> Yes
12. I understand that the information provided by me on this application form will be used to contact me for registration purposes (including postal, email and SMS correspondence)	<input type="checkbox"/> Yes

The Council reserves the right to verify any documentation submitted in support of an application and/or request original documents if not satisfied with the photocopies provided. The Council also reserves the right to request additional documents should it be required to determine suitability for registration.

Signature of applicant:
Date: DD/MM/YYYY

Please send the completed application form including all mandatory documentation to:

**The Teaching Council
Block A
Maynooth Business Campus
Maynooth
Co. Kildare
W23 Y7X0 Ireland**