



Form: PPQA-01

Application for Registration and the Assessment of Qualifications

In accordance with the Teaching Council (Registration) Regulations 2016: Route 2 (Post-Primary)

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 post-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.

4. Curricular Subject Requirement

In order to register under Route 2 Post-primary, you must meet the requirements for at least one post-primary curricular subject. You must consult the Council's Post-primary Curricular Subject Requirements before determining which subject(s) to apply for. [Click here](#) to read the requirements.

SECTION A – Personal Details

PPS No:

Teaching Council Registration Number:

Title:

Surname:

Forename:

Gender:

Male

Female

Other

Date of Birth:

DD/MM/YYYY

Nationality:

Recorded for statistical purposes

Previous Name:

e.g (Birth name or change of name by deed poll

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:

Prefix

Home phone No:

Prefix

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,

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

Please indicate the qualifications you wish to have assessed in this application (insert tick mark ✓).

Undergraduate Qualification

Teacher Education/ Concurrent¹ Qualification

Other Relevant Qualification

1 A Concurrent qualification combines the study of one or more academic subjects with teacher education studies.

Assessment of Academic Subjects

In order to register with the Teaching Council under Route 2 (Post-primary), you must meet the requirements for at least one post-primary curricular subject. Before making an application you should familiarise yourself with the [specific curricular subject requirements](#) for your chosen subject(s). The requirements are available for download at www.teachingcouncil.ie. **Please select at least one subject from the list below (insert tick mark ✓).**

<input type="checkbox"/> Accounting	<input type="checkbox"/> Economics	<input type="checkbox"/> Gaeilge/ Irish
<input type="checkbox"/> Agricultural Economics	<input type="checkbox"/> Engineering	<input type="checkbox"/> Latin
<input type="checkbox"/> Agricultural Science	<input type="checkbox"/> English	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Applied Mathematics	<input type="checkbox"/> French	<input type="checkbox"/> Music
<input type="checkbox"/> Art (including Crafts)	<input type="checkbox"/> Geography	<input type="checkbox"/> Physical Education
<input type="checkbox"/> Biology	<input type="checkbox"/> German	<input type="checkbox"/> Physics
<input type="checkbox"/> Business	<input type="checkbox"/> Greek (Ancient Greek)	<input type="checkbox"/> Physics and Chemistry
<input type="checkbox"/> Chemistry	<input type="checkbox"/> Hebrew Studies	<input type="checkbox"/> Politics & Society
<input type="checkbox"/> CSPE (Civic Social and Political Education)	<input type="checkbox"/> History	<input type="checkbox"/> Religious Education
<input type="checkbox"/> Classical Studies	<input type="checkbox"/> Home Economics (Scientific and Social)	<input type="checkbox"/> Russian
<input type="checkbox"/> Information and Communications Technology (ICT)	<input type="checkbox"/> Italian	<input type="checkbox"/> Spanish
<input type="checkbox"/> Computer Science	<input type="checkbox"/> Japanese	<input type="checkbox"/> Design and Communication Graphics (formerly Technical Drawing)
<input type="checkbox"/> Construction Studies	<input type="checkbox"/> Arabic	<input type="checkbox"/> Technology

SECTION C – Qualifications Assessment

* LANGUAGE SUBJECTS - RESIDENTIAL EXPERIENCE AND LINGUISTIC COMPETENCE

This section applies to those applying for language subjects only including Gaeilge/Irish. Please refer to the Teaching Council Subject Criteria (Post-Primary) available at www.teachingcouncil.ie to view the residency requirement for the language that applies to you.

Please tick as appropriate:

- | | | |
|--|----------------------------------|---------------------------------------|
| 1. My residential experience and Linguistic Competence (minimum B2 on the Common European Framework of Reference for Languages) is listed on my enclosed qualification transcripts | CEFR
<input type="checkbox"/> | Residency
<input type="checkbox"/> |
| or | | |
| 2. I enclose with this application evidence of both my residential experience and Linguistic Competence (minimum B2 on the Common European Framework of Reference for Languages). | CEFR
<input type="checkbox"/> | Residency
<input type="checkbox"/> |

SECTION C – Qualifications Assessment

Undergraduate Degree Qualifications

Title of Qualification:	<input type="text"/>		
Awarding Authority:	<input type="text"/>		
College/University Attended:	<input type="text"/>		
Year Awarded:	<input type="text"/>	Duration of programme:	<input type="text"/>
Number of ECTS credits: <i>(in entire qualification)</i> <i>*See Guidance Notes.</i>	<input type="text"/>		
Type of Study: <i>(Full-time, Part-time, Distance Learning etc.)</i>	<input type="text"/>		
Level of Award <i>(Results)</i> : <i>(e.g. 2.1 Honours, Pass, GPA = 3.42)</i>	<input type="text"/>		

Online Access to Qualification Details:

(May be used in lieu of providing certified copies of transcripts of results)

Website address or URL:	e.g. www.ucd.ie/verify
Username or User ID:	<input type="text"/>
Authorisation Code or Password:	<input type="text"/>

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

- 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).
- 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.
- A photocopy of the qualification parchment.
- Languages - If you are applying for the assessment of any language, you must include a certified list of all texts and authors studied throughout the degree programme.
- Foreign Languages (Residency Requirement) - please refer to the Teaching Council Subject Criteria (Post-Primary) available at www.teachingcouncil.ie to view the residency requirement for the language that applies to you.
- Physical Education: If you are applying for the assessment of your qualification for the purposes of Physical Education you must include a fully completed PE1 form which is available on www.teachingcouncil.ie. The PE1 form must be signed or stamped by the college or university.

SECTION C – Qualifications Assessment

Teacher Education/Concurrent² Qualification

Title of Qualification:	<input type="text"/>	
Type of Qualification:	<input type="checkbox"/> Postgraduate Initial Teacher Education Qualification	<input type="checkbox"/> Concurrent Initial Teacher Education Qualification
Awarding Authority:	<input type="text"/>	
College/University Attended:	<input type="text"/>	
Year Awarded:	<input type="text"/>	Duration of programme: <input type="text"/>
Number of ECTS credits: (in entire qualification) <i>*See Guidance Notes.</i>	<input type="text"/>	
Type of Study: (Full-time, Part-time, Distance Learning etc.)	<input type="text"/>	
Level of Award (Results): (e.g. 2.1 Honours, Pass, GPA = 3.42)	<input type="text"/>	
Subject(s) in which teaching methodologies were taken:	<input type="text"/>	

² A Concurrent qualification combines the study of one or more academic subjects with teacher education studies.

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
 - 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 transcript.
 - a brief description of the content of each.
 - the learning outcomes for each module.
 - the schools and age ranges covered in the school placement element of this qualification.
 - the subjects taught whilst on teaching practice.
 - confirmation that the teaching practice was directly supervised by the third-level institution.
4. Languages - If you are applying for the assessment of any language, you must include a certified list of all texts and authors studied throughout the degree programme.
5. Foreign Languages (Residency Requirement) - please refer to the Teaching Council Subject Criteria (Post-Primary) available at www.teachingcouncil.ie to view the residency requirement for the language that applies to you.
6. Physical Education - If you are applying for the assessment of your qualification for the purposes of Physical Education you must include a fully completed PE1 form which is available on www.teachingcouncil.ie. The PE1 form must be signed and stamped by the college or university.

SECTION C – Qualifications Assessment

Other Relevant Qualifications

Title of Qualification:

Type of Qualification:

Awarding Authority:

College/University Attended:

Year Awarded:

Duration of programme:

Number of ECTS credits:

(in 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)

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
 - 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
(in block capitals):

Signature of Professional Person:

Date:

DD/MM/YYYY

Occupation/Position of
Professional Person:

Address of Professional Person:

Teaching Council Registration
Number (if applicable):

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 fulfilment of any overseas police clearance requirements (if applicable).

Vetting Reference Number:

TEC001-20180426-00000

Date of Vetting Disclosure (if received):

OVERSEAS POLICE CLEARANCE

I have provided/enclose overseas police clearance documentation:

Provided Enclosed N/A

SECTION E – Teaching Service

Important Note: Please complete Part A and Part C if previous teaching service has been completed in the Republic of Ireland. Please complete all parts if teaching service has been completed outside of the Republic of Ireland.

PART A

TEACHING EMPLOYMENT IN A POST-PRIMARY SCHOOL

To be completed by all applicants

Teacher Name:				
Address:				
Registration Number:				
PPS Number:				
School Year:				
School Roll No.:				
Duration of Service: Provide exact dates e.g. 1/9/2007 to 30/6/2008				
Formal School Name:				
School Address:				
Subject(S) Taught	Subject/Area_1	Subject/Area_2	Subject/Area_3	Subject/Area_4
Total Number of teaching hours for this subject in the period specified:				
Classroom Setting (Mainstream/Learning Support/Resource, etc.)				

SECTION E – Teaching Service**PART B****TEACHING EMPLOYMENT IN SCHOOLS OUTSIDE OF IRELAND ONLY****To be completed by the School Principal (post-primary) with respect to Part A above**

During the period of service, did the teacher have reasonable opportunities to become acquainted with methods of teaching and discipline and did the teacher show evidence of an aptitude for teaching and the ability to manage a class?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was the service given after the teacher was fully qualified/recognised by the State Authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the school subject to inspection by State Authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the school in receipt of funds (or eligible to receive funds) from State Authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the above information verified by school records?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION E – Teaching Service

PART C

CERTIFICATION – TO BE COMPLETED BY ALL APPLICANTS

I certify that:

- a. the particulars given above are correct and accurate in every respect;
- b. that the teacher named on this document provided satisfactory service for the duration recorded on this form

Name of School Principal:

Signature of School Principal:

Date: DD/MM/YYYY

Registration No:

School Name:

Signature of Applicant:

Date: DD/MM/YYYY

PLEASE AFFIX THE OFFICIAL SCHOOL/COLLEGE STAMP IN THIS BOX

SECTION F – 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 G – 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 H – Payment/Calculation of Fees

Fee Schedule	Fee	Amount Submitted
Initial Teacher Education Assessment	€200	€
Subject 1	€100	€
Subject 2	€100	€
Registration fee <i>The registration fee is refundable if registration is not granted.</i>	€90	€90
Total Amount Submitted:		€

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 I – 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 provided a photocopy of identification (birth certificate/current passport).	<input type="checkbox"/> Yes
4. I have included a photocopy of my marriage certificate/deed poll to facilitate a name change (if applicable).	<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. If applying on the basis of a language, I have provided proof of residency in a country where that language is the vernacular (only applicable for those applying for assessment of a language).	<input type="checkbox"/> Yes
9. If applying on the basis of a language, I have provided a certified copy of the list of texts and authors studied throughout the qualification(s).	<input type="checkbox"/> Yes
10. I have provided Certified translations of any documents above not written in the English Language.	<input type="checkbox"/> Yes
11. If seeking to be assessed in respect of the curricular subject Physical Education I have completed a PE1 form which has been signed and stamped by the relevant college/university (available for download on the application forms page of www.teachingcouncil.ie).	<input type="checkbox"/> Yes
12. I have completed Vetting through the Teaching Council website or have recently submitted a Vetting application to the Teaching Council or I enclose a Vetting application now.	<input type="checkbox"/> Yes
13. I have included the Qualification Assessment and Registration fee.	<input type="checkbox"/> Yes
14. I have provided evidence that I have the necessary knowledge of English to communicate effectively (as applicable).	<input type="checkbox"/> Yes
15. 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**