



NQT Induction Programme Registration Form (2015-2016)

PLEASE COMPLETE USING BLOCK CAPITALS (ONE APPLICANT PER FORM)

SECTION A – PERSONAL DETAILS	
Name:	
Primary Teacher: <input type="checkbox"/>	Post-Primary Teacher: <input type="checkbox"/> Other: <input type="checkbox"/>
Correspondence Address (Not School):	
Mobile Number:	Contact Email Address:

SECTION B – INITIAL TEACHER EDUCATION DETAILS	
Year Of Qualification:	Institution(s) where you completed your Teacher Education programme:
Date of Graduation:	

SECTION C – TEACHING COUNCIL REGISTRATION DETAILS		
Teaching Council Registration Number:		
<i>NB: All NQTs must have a Teaching Council number before they can register for the workshop programme</i>		
Are you registered with the condition of Induction under Regulation 2, 3 or 4? (Please Tick)		
Regulation 2 (Primary) <input type="checkbox"/>	Regulation 3 (Montessori & Other Categories) <input type="checkbox"/>	Regulation 4 (Post Primary) <input type="checkbox"/>

For further information see FAQs on the Teaching Council website www.teachingcouncil.ie

I confirm that all the above information is true and accurate.

Signature: _____

Date: _____

The information which you make available will be used solely for the purposes of the National Induction Programme for Teachers

Do you wish to receive information on additional Continuing Professional Development provision from the Education Centre Network?

Yes

No

Please return this form to:

**Galway Education Centre,
Cluain Mhuire,
Wellpark, Galway.**

Thank you for enrolling. Should you move to another Education Centre area during this programme, please inform the Education Centre immediately and re-register with your nearest full time Education Centre.