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**NQT Induction Programme Registration Form (2017-2018)**

*PLEASE COMPLETE USING BLOCK CAPITALS (ONE APPLICANT PER FORM)*

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| ***SECTION A – PERSONAL DETAILS*** | |
| **Name:** | |
| **Primary Teacher: Post-Primary Teacher: Other:** | |
| **Correspondence Address (Not School):** | |
| **Mobile Number:** | **Contact Email Address:** |

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

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

**For further information see FAQs on the Teaching Council website** [**www.teachingcouncil.ie**](http://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:**

**Post: Monaghan Education Centre, Knockaconny, Armagh Road, Monaghan.**

**Fax: (047) 74010 Email:** [info@metc.ie](mailto:info@metc.ie)

*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.*