NIPT

An Clár Náisiúnta Ionduchtaithe do Mhúinteoirí
The National Induction Programme for Teachers

AN RÓINN OIDEACHAIS AGUS SCILEANNA | DEPARTMENT OF EDUCATION AND SKILLS

Athlone EDUCATION CENTRE
Ionad Oideachais Átha Luain

ATECI

NQT Induction Programme Registration Form (2016-2017)

PLEASE COMPLETE USING BLOCK CAPITALS (ONE APPLICANT PER FORM)

SECTION A – PERSONAL DETAILS		
Name:		
Primary Teacher: ☐	**Post-Primary Teacher:** ☐	**Other:** ☐
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: *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 (Primary)** ☐	**Regulation 3 (Montessori & Other Categories)** ☐	**Regulation 4 (Post Primary)** ☐
Preferred Venue:	**Athlone** ☐	**Mullingar** ☐

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 Athlone Education Centre Network? **Yes** ☐ **No** ☐

Please return this form to:

Athlone Education Centre, Moydrum Road, Athlone, Co. Westmeath N37 H043.

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.