

**Maths Development Team: Support Service
Proposal Form for Associates 2017/18**

This form is to be completed by the teacher and sent to grainneh@ecdumcondra.ie
by

Wednesday 10th May 2017 at 5 pm

Name of Teacher

Name _____ Teaching Council Registration Number _____

Phone No. of Teacher Mobile Phone No. of Teacher Email Address of Teacher

Home Address _____

Name of School

Address of School

Roll No. of School

Phone No. of School

Status: Full-time or Part-time (incl. Job-sharing)

Is the teacher already seconded to/engaged as an associate with another support service or organisation? YES/NO

If YES, please state:

Name of other organisation

Address of other organisation

Please note your area(s) of CPD expertise below:

1. _____

2. _____

3. _____

4. _____

5. _____

Please note that this information will be included on a central database managed by Blackrock Education Centre on behalf of the Department of Education and Skills. In the event that other Department of Education Support Services or Education Support Centres wish to access your information in order to access suitably qualified/skilled personnel for work on their behalf do you give permission for your information to be shared with such Support Services?

Yes

No

Signed _____

Date _____

Data Protection

The Blackrock Education Centre will treat all personal data you provide on this form as confidential and will use it solely for the purpose intended. The information will only be disclosed as permitted by law or for the purposes listed in the Blackrock Education Centre registration with the Data Protection Commissioner - REF 10764/A

If the information you have provided is to be used for purposes other than outlined in the Blackrock Education Centre's registration with the DPC your permission will be sought.