

Form D - Droichead 2016 – 2017

POST-PRIMARY

For use by teachers who commence the Droichead process in 2016/2017 academic year

INTRODUCTION

In order to fulfil the *Droichead* condition, a teacher is required to:

- (a) complete a period of professional practice in an eligible setting
- (b) engage in the *Droichead* process, which includes a combination of both school-based induction and additional professional learning activities
- (c) have a recommendation made by (an) experienced fellow professional(s), following the *Droichead* process, that they are ready to move to the next phase on the continuum of teacher education.

This form provides the evidence for the Council that all requirements of *Droichead* (as set out in (a) – (c) above) have been met.

This form should be completed and submitted to the Teaching Council by teachers who have completed the Droichead process which was commenced in 2016/2017 academic year.

This form may be completed by teachers in recognised post primary schools where, during the induction phase of their career, they have been deemed to have:

- completed a required minimum period of post-qualification professional practice (200 hours)
- engaged professionally with the school-based induction and additional professional learning activities
- demonstrated a satisfactory commitment to quality teaching and learning for their pupils/students
- demonstrated an ability to engage in reflective practice that supports their professional learning and practice both individually and collaboratively.

This form should be posted to the address below and accompanied by a copy of the initial email from Limerick Education Centre confirming that the teacher has registered for *Droichead* using the DR1.

The Teaching Council,
Block A,
Maynooth Business Campus,
Maynooth
Co. Kildare
W23 Y7XO
Ireland

SECTION 1

Confirmation by the teacher who has engaged in the *Droichead* process

Forename: Surname:

Registration Number: Phone:

Address:

Email:

Formal School Name:

School Roll Number:

School Address:

Total number of teaching hours in this school (insert no of hours): Hours inserted From:

Setting in which *Droichead* took place!: Teacher in a recognised Post-primary school To:
(Please tick as appropriate) Teacher in a Special School
 Teacher in a Centre for Education

I confirm that I: (Please tick)

- have engaged professionally with school-based induction
 have attended one Cluster Meeting per term (insert details below):

<p>Date(s) of Attendance:</p>	<p>Education Centre Stamp (or equivalent):</p> <p>PLEASE AFFIX THE OFFICIAL EDUCATION CENTRE STAMP (OR EQUIVALENT) IN THIS BOX</p>
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- have engaged in at least one other Professional Learning Activity, relevant to my needs as identified in consultation with the PST (insert details below):

Title:	Date:	Duration:
<input type="text"/>	<input type="text"/>	<input type="text"/>

- have collaborated with my PST to identify the following area(s) of interest for my future professional learning

.....
.....

Signature (of teacher who has engaged in the *Droichead* process): _____

Date:

SECTION 2

Recommendation to the Teaching Council by the Professional Support Team

I/We confirm that the information given above is accurate, and with regard to the induction phase, the teacher named in Section 1 has:

- o completed a required minimum period of post-qualification professional practice (200 hours)
- o engaged professionally with the school-based induction and additional professional learning activities
- o demonstrated a satisfactory commitment to quality teaching and learning for their pupils/students
- o demonstrated an ability to engage in reflective practice that supports their professional learning and practice, both individually and collaboratively

and has therefore fulfilled the *Droichead* condition, and is ready to progress to the next phase of the continuum of teacher education.

Role (e.g. Principal, PST Member. External PST member)	Name(s) (print in BLOCK CAPITALS)	Signature(s)	Registration Number	Date
School Name & Roll Number		Official School Stamp PLEASE AFFIX THE OFFICIAL SCHOOL STAMP IN THIS BOX		

FORM D – POST PRIMARY CHECKLIST

Please complete and sign this checklist prior to submitting this application form. If the application form is not complete it will be returned to the applicant.

SECTION 1 -

Confirmation by the teacher who has engaged in the *Droichead* process

- | | | |
|--|------------------------------|-----------------------------|
| 1. I have attached a copy of the initial email from Limerick Education Centre confirming that I have registered for <i>Droichead</i> using the DR1 form. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. I have inserted the total number of teaching hours in the school and the “to” and “from” days have been completed. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. I have ensured that I have selected the correct setting for which <i>Droichead</i> took place. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. I have ensured that the Education Centre Stamp (or equivalent) has been inserted. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. I have signed and dated Section 1. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SECTION 2 -

Recommendation to the Teaching Council by the Professional Support Team (PST)

- | | | |
|--|------------------------------|-----------------------------|
| 1. I have ensured that the Principal, PST member, External PST member, etc has filled in all areas of this Section. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. I have ensured that the Principal, PST member, External PST member, etc have filled in all relevant areas of this section, including their signature, registration number and date. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SIGNATURE:

DATE: