



General Teaching Council  
for Northern Ireland

# APPLICATION FORM AND GUIDANCE NOTES

**Application to Register for a teacher  
who is recognised as a qualified  
teacher by a member state of the EU,  
EEA or Switzerland and is seeking  
recognition under EU Directive  
2005/36/EC**

General Teaching Council for Northern Ireland,  
3rd Floor Albany House, 73-75 Great Victoria Street, Belfast, Northern Ireland, BT2 7AF

Telephone 00 44 28 9033 3390  
Fax 00 44 28 9034 8787

E-Mail [registration@gtcni.org.uk](mailto:registration@gtcni.org.uk)  
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# Guidance Notes

## The General Teaching Council for Northern Ireland

The GTCNI is the statutory, independent body for the teaching profession in Northern Ireland and is dedicated to enhancing the status of teaching and promoting the highest standards of professional conduct and practice.

### Do I need to register?

The Education (NI) Order 1998 requires that all teachers working in grant-aided schools need to register with the GTCNI, even if you work, or intend to work, on a substitute/supply basis.

### How do I register?

To register with the GTCNI you must hold such qualifications as are approved by the Council for the purposes of registration and must not be barred from teaching by the Department of Education, GTCNI, or any of their equivalents in England, Scotland and Wales. In order for us to carry out an assessment of your eligibility to register we ask that you complete the attached application form and return it together with all necessary supporting documentation. Unfortunately online registration is not available.

### Filling in the application form

- Use black ink only.
- Write clearly in BLOCK CAPITALS.
- Ensure all relevant sections have been completed.
- Sign and date where indicated.
- Use a separate sheet to provide any further relevant information if required.
- Write dates in full numbers e.g. 5<sup>th</sup> April 2004 should be written as:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 0 | 5 | 0 | 4 | 2 | 0 | 0 | 4 |
|---|---|---|---|---|---|---|---|

### A. Personal Details

- Please ensure the contact address you provide is the one you wish all GTCNI correspondence to be sent to throughout the application process.
- Please include your email address as this is often the most effective means of communication.
- Please include the international code when supplying your telephone number.
- Please confirm the EEA member state of which you are a national.
- Please provide the date you relocated or are intending to relocate to Northern Ireland.
- Please provide your UK National Insurance Number if you have been allocated one, otherwise leave blank.

### B. Eligibility To Teach

- Please only complete this section if you have previously been assessed and awarded 'eligibility to teach' by the Department of Education for Northern Ireland.

### C. Other GTCs

- Please provide details if you are or have ever been registered with any of the other Teaching Councils. This information should be supported by copies of your registration documentation.

### D. Recognition Within the EU, EAA or Switzerland

- In accordance with Directive 2005/36/EC individuals who have been recognised as a qualified teacher in the EU, EAA or Switzerland may make application for recognition with the GTCNI. Please provide details of your recognition and the condition under which you wish your application to be considered. This needs to be supported by a written certified statement from the Ministry /Department of Education in the member state which has formally recognised you as a teacher. See supporting documentation.

### E. Initial Teacher Education Qualifications

- For eligibility to register you are required to hold a teaching qualification approved by the Council. This information is essential to your application, please complete in full.
- If the Institution Name or Qualification Name is in a language other than English, please provide these both in the original language and in English. Do not use abbreviations.
- Please give details of the 'class' of qualification you obtained i.e. Hons / 2:1
- Please send a copy of your Initial Teacher Education/Training Certificate and Transcript with your application.

### F. Non-Teaching Higher Education Qualifications

- This information is essential if your initial teacher education/training course was a postgraduate course and should be supported by a copy of your Degree Certificate and Transcript. Otherwise please leave blank.
- If the Institution Name or Qualification Name is in a language other than English, please provide these both in the original language and in English. Do not use abbreviations.

### G & H. Disability & Ethnic Group

- This information is requested for analytical and information purposes only.

## I. Declaration

- All applications must be signed and dated before they can be processed.

## Supporting Documentation

All applications for registration should be accompanied by the following supporting documentation. Photocopies are acceptable for all documentation other than the certified written statement from the Ministry /Department of Education. **All documents supplied will be retained by the Council and will not be returned.**

- Birth Certificate.
- Marriage Certificate (if your surname has changed upon marriage).
- Teaching Council registration documentation (if appropriate).
- Initial Teacher Education/Training Certificate and Transcript– showing age range and subject(s)
- Degree Certificate and Transcript (if appropriate)
- Proof of Nationality – photocopy of passport.
- Original written certified statement from the Ministry/Department of Education in the member state which has formally recognised you as a teacher. This should state the age range and subject(s) you are qualified to teach and that you meet the terms for recognition under Directive 2005/36/EC. Please note the Council can seek to obtain this information on your behalf, however it may speed up the assessment of your application if you are able to supply this yourself.

The Council may request additional supporting documents and information beyond the requirements outlined in this guide.

## Translation of Documentation

Any documentation in a language other than English must be accompanied by a certified English translation. All translations should be attached to the document to which they relate. You must not translate supporting documentation yourself; this should be done by an independent certified official body or an accredited translator.

The following organisations can tell you about translation companies:

The Association of Translation Companies.

For a list of “Full Members” contact:

020 7930 2200 / [www.atc.org.uk](http://www.atc.org.uk) / [admin@atc.org.uk](mailto:admin@atc.org.uk)

The Institute for Translation and Interpreting.

For a list of “ITI Examined” or “Experience Translators” contact:

01908 325 250 / [www.iti.org.uk](http://www.iti.org.uk) / [info@iti.org.uk](mailto:info@iti.org.uk)

## Assessment/Registration Fee

An assessment/registration fee is required to register with the Council. The registration period is from 1st April to 31st March and the Council has currently set a fee of £44.

All applicants should enclose a cheque, postal order or Bankers Draft for £44, made payable to GTCNI Quals Approval, when returning an application.

Please write your name and date of birth on the back of the cheque.

Applications returned without payment will not be processed. Please note if your application is declined your payment is non-refundable.

## What happens next?

When we receive your completed application form we will send you an acknowledgement. If any part of your application is missing or incomplete we will send you a letter advising you what action is required. Once we have received your completed application form, all necessary supporting documentation and the assessment/registration fee we will begin the assessment and registration process. We will endeavour to make a substantive determination regarding your application within 3 months. If we are unable to process your application for any reason, we will contact you.

## Assistance

The Council reserves the right to amend its application process as required. Please contact the GTCNI Registration Team on 00 44 28 9033 3390, or e-mail us via [registration@gteni.org.uk](mailto:registration@gteni.org.uk) if you have any questions about registration, if you require any assistance completing the form, or if there are any changes to your personal details throughout the registration process.

## Check List –

**Please use the following check list before returning your completed application**

|                          |  |                          |   |                          |  |
|--------------------------|--|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Signed & Dated                                   | <input type="checkbox"/> | Birth Certificate                                 | <input type="checkbox"/> | Marriage Certificate (if appropriate)              |
| <input type="checkbox"/> | Degree Certificate & Transcript (if appropriate) | <input type="checkbox"/> | Initial Teacher Training Certificate & Transcript | <input type="checkbox"/> | Department/Ministry of Education written statement |
| <input type="checkbox"/> | Certified Translations (if appropriate)          | <input type="checkbox"/> | Proof of Nationality                              | <input type="checkbox"/> | Assessment/Registration Fee                        |

# GTCNI Application to Register for a teacher who is recognised as a qualified teacher by a member state of the EU, EEA or Switzerland and is seeking recognition under EU Directive 2005/36/EC

Please complete using black ink and BLOCK CAPITALS.

To be completed by applicant. Please refer to Guidance Notes before completing.

## A. PERSONAL DETAILS

Surname:  Forename(s):

Previous Surname(s):

Title: (Please Tick) Mr  Mrs  Miss  Ms  Other

Date of Birth: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 Gender: (Please Tick) Male  Female

Contact Address:

Town:

County:

Postcode:

Country:

E-Mail Address:

Contact Tel No. (Inc International Dialling Code):  Mobile No:

Of which member state are you a national?:

Date of Relocation to Northern Ireland: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 National Insurance No: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| For Office Use Only                                  | Applicant No:                                 | RO:  |
|--|---|--|
| <input type="checkbox"/> Signed & Dated              | <input type="checkbox"/> Birth Certificate    | <input type="checkbox"/> Marriage Certificate          |
| <input type="checkbox"/> Qual Certs & Transcripts    | <input type="checkbox"/> Quals Approved       | <input type="checkbox"/> Certified Translations        |
| <input type="checkbox"/> EC / EEA / Switzerland      | <input type="checkbox"/> Proof of Nationality | <input type="checkbox"/> Department/Ministry Statement |
| <input type="checkbox"/> DENI                        | <input type="checkbox"/> UPL                  | <input type="checkbox"/> GTCs                          |
| <input type="checkbox"/> Assessment/Registration Fee | <input type="checkbox"/> Checked              | <input type="checkbox"/> Registration Offered          |

## B. ELIGIBILITY TO TEACH (if applicable)

Please provide details if you have previously been awarded Eligibility to Teach in Northern Ireland (if applicable):

Teacher Ref No

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

Date Awarded:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

## C. OTHER GTCs (if applicable)

Please tick to indicate if you are currently or have ever been registered with any of the following:

GTC England

Yes

No

Ref No:

GTC Scotland

Yes

No

Ref No:

GTC Wales

Yes

No

Ref No:

Teaching Council for Ireland

Yes

No

Ref No:

## D. RECOGNITION WITHIN THE EU, EEA or SWITZERLAND

Please provide details of the Department or Ministry of Education which has formally recognised you as a teacher:

Country:

Teacher Reference No:  
(if applicable)

Date of Recognition:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Please indicate the condition you satisfy and under which you wish your application to be considered by ticking the appropriate box:

- You have successfully completed a course of Post-Secondary Higher Education of at least 3 years duration which qualifies you to teach in a member state;
- In a member state where Post-Secondary Higher Education and training of at least 3 years is the normal requirement for a teaching qualification, you are recognised and permitted to practice as a teacher, having undertaken some lesser (either in duration or level) education and training in such a state;
- You are recognised in a member state by virtue of training in a non-member state, and have 3 years' professional experience certified by the member state which recognised your non-EEA qualifications.

## E. INITIAL TEACHING EDUCATION QUALIFICATIONS

Please provide details of your Initial Teacher Education Qualification: If the Institution Name or Qualification Name is in a language other than English, please provide these both in the original language and in English. Do not use abbreviations.

Name of Institution:

Title of Qualification:

Age Range Trained to Teach:

Main Subject:

Subsidiary Subject:

Qualification Class:

Period of Study:

From

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

To

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Date of Award:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

**F. NON-TEACHING HIGHER EDUCATION (only complete if your initial teacher education/training course was a postgraduate course)**

Please provide details of your initial degree. If the Institution Name or Qualification Name is in a language other than English, please provide these both in the original language and in English. Do not use abbreviations.

Name of Institution:

Title of Degree:

Main Subject:  Subsidiary Subject:

Period of Study: From         To

Degree Class:  Date of Award:

**G. DISABILITY**

Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long term effect on his/her ability to carry out normal day to day activities.

Do you consider that you meet this definition of disability? Yes  No

**H. ETHNIC GROUP**

Please tick one box to indicate which Ethnic Group you consider you belong to:

|  |                          |                        |                          |
|--|--------------------------|------------------------|--------------------------|
| Bangladeshi                                  | <input type="checkbox"/> | Irish Traveller        | <input type="checkbox"/> |
| Black African                                | <input type="checkbox"/> | Mixed Ethnic Group     | <input type="text"/>     |
| Black Caribbean                              | <input type="checkbox"/> | (please give details)  |                          |
| Black Other                                  | <input type="checkbox"/> | Pakistani              | <input type="checkbox"/> |
| Chinese                                      | <input type="checkbox"/> | White                  | <input type="checkbox"/> |
| Indian                                       | <input type="checkbox"/> | Any other ethnic group | <input type="text"/>     |
| I do not wish my Ethnic Group to be recorded |                          |                        | <input type="checkbox"/> |

**I. DECLARATION**

I have read the notes that accompany this form and I declare that, to the best of my knowledge and belief, all of the information provided is correct. I have not withheld any material information and the translation(s) I have provided is/are true and faithful translation(s). I understand that such answers shall be the basis on which my application will be considered.

Signed:  Date:

The data held about you on the Register will only be processed for the purposes set out in the Education (NI) Order 1998, the Education (NI) Order 2006 and associated Regulations. This includes establishing and maintaining a register of teachers and undertaking statistical analyses. Those registered will have access to the information on their record, and will be able to check and update it. The Council will also, on request, provide employers/employing authorities with information about teachers' registration and qualifications. If a member of the public makes a request, we will confirm only whether a teacher is registered or not. The Council will provide details of teachers' records to the Department of Education (NI) and the General Teaching Councils for England Scotland and Wales.

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