



General Teaching Council
for Northern Ireland

APPLICATION FORM AND GUIDANCE NOTES

Application to Register for a teacher educated/trained outside the EU, EEA or Switzerland

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
Web www.gtcni.org.uk

Guidance Notes

The General Teaching Council for Northern Ireland

The GTCNI is the independent regulatory 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

- Part 1 should be completed by the applicant.
- Part 2 should be completed by Initial Teacher Education/Training Institution.
- 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. 5th April 2004 should be written as:

0	5	0	4	2	0	0	4
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- Make sure you complete the application checklist.
- After you have completed Part 1 of the application, make a copy of Part 1 and send it to the Council along with all other required documentation and the assessment/registration fee. Then send the original of Part 1 and Part 2 to your Initial Teacher Education/Training Provider for verification. They will return your original Part 1 and the completed Part 2 to the Council.

Part 1

This section should be completed by you the applicant and should then be forwarded to your Initial Teacher Education Provider for their endorsement.

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 provide the date you have 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 or Professional Body. This information should be supported by copies of your registration documentation.

D. 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 and should be supported by a copy of your Initial Teacher Education/Training Certificate and Transcript.
- If the Institution Name or Qualification Name is in a language other than English, please write 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

E. Non-Teaching Higher Education Qualifications

- This information is essential if your initial teacher 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 write these both in the original language and in English. Do not use abbreviations.

F. General Education

- In addition to holding an approved teaching qualification you are required to have gained at least a grade C (or equivalent) in English and Mathematics GCSE and at least a grade C (or equivalent) in Science GCSE, if you are primary school trained. This information should be supported by a copy of your Certificates.

G. Details of Other Relevant Qualifications/Accredited Courses

- Please provide details of any other relevant qualifications/accredited courses, which may support your application.

H Teaching Experience

- Please provide details of any relevant teaching experience which may support your application.

I. References

- Please provide details of 2 referees who can comment on your teaching service, **one of whom must be the head teacher at your current or last teaching post in a Primary or Post Primary School.** These may or may not be contacted by the Council.

J & K. Disability & Ethnic Group

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

L. Declaration

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

Part 2

To be completed by the Initial Teacher Education/Training Institution attended by the applicant for endorsement.

A. Initial Teacher Education/Training Institution Details

- Please provide the contact details of a member of staff responsible for student records and/or the course undertaken by the applicant including an email address as this is often the most effective means of communication.
- Please include the international code when supplying your telephone and fax numbers.
- Please note that the e-mail address provided must be that of the institution and not a web-based e-mail address such as hotmail or yahoo.

B. Confirmation of Applicant's Details

- Please review the information supplied by the applicant in Part 1 – Sections A, D & E and confirm if it concurs with your records. If it does not please advise what information differs and why.

C & D. Initial Teacher Education and Non-Teaching Higher Education Qualifications

- Applicants are required to hold a teaching qualification approved by the Council. Please provide the requested information regarding the courses undertaken by the applicant to assist with our evaluation. Please provide the number of hours devoted to each of the subject areas requested. Please note we require 'real time' hours not 'study hours'.

J. Declaration

- All applications must be signed and dated by an authorised member of staff and must be accompanied by an official stamp.

Supporting Documentation

All applications for registration should be accompanied by the following supporting documentation. Photocopies are acceptable, please do not send originals.

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)
- Other 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)
- GCSE English/Maths Certificates (and Science if appropriate).

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
020 7930 2200 / www.atc.org.uk / admin@atc.org.uk

The Institute for Translation and Interpreting
01908 325 250 / www.iti.org.uk / 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.
- Applicants should enclose a cheque, postal order or Bankers Draft for £44 Sterling, made payable to GTCNI Quals Approval, when returning their copy of the part 1 of the application form and supporting documentation. Please write your name and date of birth on the back of the cheque/postal order/bankers draft.
- Applications returned without payment will not be processed. Please note if your application is declined your payment is non-refundable.

What happens next?

Once we have received the assessment/registration fee, your copy of the Part 1 of the application form, supporting documentation plus the endorsed application form from your Initial Teacher Education Institution we will begin the assessment and registration process. Please note incomplete applications cannot be assessed. 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@gtcni.org.uk if you have any questions about registration, or if there are any changes to your personal details throughout the registration process.

GTCNI Application to Register for a teacher educated/trained outside the EU, EEA or Switzerland

Part 1 - to be completed by applicant - Part 2 - to be completed by Initial Teacher Education/Training Institution

Please complete using black ink and BLOCK CAPITALS. Please refer to Guidance Notes.

Part 1 – to be completed by applicant

A. PERSONAL DETAILS

Surname:	<input type="text"/>	Forename(s):	<input type="text"/>
Previous Surname(s):	<input type="text"/>		
Title: (Please Tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>
	Ms <input type="checkbox"/>	Other	<input type="text"/>
Date of Birth:	<input type="text"/> D	<input type="text"/> D	<input type="text"/> M
	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y
	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y
Gender: (Please Tick)	Male <input type="checkbox"/>	Female	<input type="checkbox"/>
Contact Address:	<input type="text"/>		
	<input type="text"/>		
Town:	<input type="text"/>		
County:	<input type="text"/>		
Postcode:	<input type="text"/>		
Country:	<input type="text"/>		
E-Mail Address:	<input type="text"/>		
Contact Tel No. (Inc International Dialling Code):	<input type="text"/>	Mobile No:	<input type="text"/>
Nationality:	<input type="text"/>		
Date of relocation to Northern Ireland:	<input type="text"/> D	<input type="text"/> D	<input type="text"/> M
	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y
	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y
National Insurance No:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 Translation	<input type="checkbox"/> Quals Approved
<input type="checkbox"/> DENI	<input type="checkbox"/> UPL	<input type="checkbox"/> GTCs
<input type="checkbox"/> Assessment/Registration Fee	<input type="checkbox"/> Registration Offered	<input type="checkbox"/> Checked

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 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:

Other Professional Body

Please supply details:

D. INITIAL TEACHER 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 write 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
---	---	---	---	---	---	---	---

Method of Study:

Full-time

Part-time

Date of Award:

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

E. NON-TEACHING HIGHER EDUCATION QUALIFICATIONS (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 write these both in the original language and in English. Do not use abbreviations.

Name of Institution:

Title of Degree:

Main Subject: Subsidiary Subject:

Degree Class:

Period of Study: From To

Date of Award:

F. GENERAL EDUCATION

Please provide details of the post-primary/high school you attended:

Name of Institution:

Dates Attended: From To

Please provide details of the qualifications you obtained:

Subject	Level	Grade	Date of Award
<i>English</i>			
<i>Mathematics</i>			
<i>Science</i>			

G. DETAILS OF OTHER RELEVANT QUALIFICATIONS/ACCREDITED COURSES

Name of Contact Details of Awarding Institution/Accredited Course Provider	Title of Qualification/Accredited Course	Details of Qualifications/Accredited Course	From	To

H. TEACHING EXPERIENCE

Please provide details of your teaching experience including your current post:

School Name & Contact Details	School Type (Nursery, Primary, Post-Primary)	Position Held	Full Time Part Time (Hrs if PT)	Subjects Taught and Details of Responsibilities	From	To

I. REFERENCES

Please provide details of two referees who can comment on your teaching service, **one of whom must be the head teacher at your current or last teaching post in a Primary or Post Primary School**. Please note that the e-mail address provided must be that of the institution and not a web-based e-mail address such as hotmail or yahoo.

Reference 1

Reference 2

Name	
Position	
Tel. No.	
Email	
School Name and Address	

Name	
Position	
Tel. No.	
Email	
School Name and Address	

J. 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

K. ETHNIC GROUP

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

Bangladeshi

Black African

Black Caribbean

Black Other

Chinese

Indian

Irish Traveller

Mixed Ethnic Group

(please give details)

Pakistani

White

Any other ethnic group

I do not wish my Ethnic Group to be recorded

L. 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 any 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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Check List

Please use the following check list before returning your completed application

Signed & Dated

Birth Certificate

Marriage Certificate
(if appropriate)

Degree Certificate &
Transcript (if appropriate)

Initial Teacher Training
Certificate & Transcript

Certified Translations
(if appropriate)

Assessment/Registration
Fee

Next Steps

1. Make a copy of the Part 1 of the application form.
2. Send this copy together with the assessment/registration fee and your supporting documentation directly to GTCNI at the address above.
3. Forward the original Part 1 and Part 2 of the application form to your Initial Teacher Education/Training provider for verification.

GTCNI Application to Register for a teacher educated/trained outside the EU, EEA or Switzerland

Part 1 - to be completed by applicant - Part 2 - to be completed by Initial Teacher Education/Training Institution

Please complete using black ink and BLOCK CAPITALS. Please refer to Guidance Notes.

Part 2 – to be completed by Initial Teacher Education/Training Institution

A. INITIAL TEACHER EDUCATION/TRAINING INSTITUTION DETAILS			
Name of Institution:			
Contact Surname:		Contact Forename(s):	
Contact Title: (Please Tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>
	Ms <input type="checkbox"/>	Other	
Contact Job Title:			
Contact Address:			
Town:			
County:			
Postcode:			
Country:			
E-Mail Address:			
Tel No. (Inc International Code):		Fax No. (Inc International Code):	

B. CONFIRMATION OF APPLICANT'S DETAILS – Part 1 – Sections A, D and E			
Applicant Surname:			Applicant Forename(s):
Contact Title: (Please Tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>
	Ms <input type="checkbox"/>	Other	
Can you confirm if the details of the above named teacher supplied in Part 1 Section A – Personal Details, Section D – Initial Teacher Education Qualification, and Section E – Non Teaching Higher Education Qualification- are correct?:			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		If "No" please give reason in box provided	

For Office Use Only	Applicant No:	RO:
<input type="checkbox"/> Signed & Dated	<input type="checkbox"/> Official Stamp	<input type="checkbox"/> Applicant Data Confirmed
<input type="checkbox"/> Course Requirements Achieved		

C. INITIAL TEACHER EDUCATION COURSE

Please provide further details on the Initial Teacher Education Course completed by the applicant as referred to in Part 1 Section D. If the Qualification Name is in a language other than English, please write these both in the original language and in English. Do not use abbreviations.

Title of Qualification:

The age range of pupils/students trained to teach:

What are the minimum entry requirements to this course?

Please provide further details on the structure and content of the course for each year attended:

Academic Year(s)	No. of Course Weeks Attended in Academic Year	No of Weeks Teaching Practice Completed	
		Primary (4 – 11)	Post-Primary (12 – 18)
YYYY / YYYY			
YYYY / YYYY			
YYYY / YYYY			
YYYY / YYYY			
YYYY / YYYY			

Subject Areas	Hours Studied – In real time	For Office Use Only
<i>Main Academic Subject -</i>		
<i>Subsidiary Academic Subjects - (if applicable)</i>		
<i>Professional Studies – to include:</i> <i>Child Development, Child Psychology, Child Protection, Social Aspects of Schooling, Principals of Effective Teaching and Learning, Classroom Management, Special Educational Needs, Curriculum Issues/ Studies</i>		

D. NON-TEACHING HIGHER EDUCATION QUALIFICATIONS (only complete if the initial teacher education/training course was a postgraduate course)

Was a Degree an entry requirement to the Initial Teacher Education/Training course: Yes No

Please provide further details on the structure and content of the undergraduate degree course undertaken by the applicant as referred to in Part 1 Section E:

Year	No. of Weeks in Academic Year	Main Subject	Hours (in real time)	Subsidiary Subject (if applicable)	Hours (if applicable)	For Office Use Only
YYYY / YYYY						
YYYY / YYYY						
YYYY / YYYY						
YYYY / YYYY						

E. 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 I understand that such answers shall be the basis on which the application will be considered.

Signed:

Date:

Position:

Please impress university or college stamp here

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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Check List
Please use the following check list before returning your completed application

All sections completed Signed & Dated Official Stamp

Next Step
Please forward this form (Part 1 and Part 2), completed, signed, dated and stamped, to the General Teaching Council for Northern Ireland using the address above.

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