



**General Teaching Council
for Northern Ireland**

Promoting Teacher Professionalism

APPLICATION FORM AND GUIDANCE NOTES

**Application to Register for a teacher
educated/trained within the UK**

Contact details

General Teaching Council for Northern Ireland
3rd Floor Albany House
73 - 75 Great Victoria Street
Belfast BT2 7AF
Tel: (028) 9033 3390

Email: registration@gtcni.org.uk

Website: 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 or peripatetic 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. 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.

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.

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/Teacher Regulation Agency

- 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. 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 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
- If you have not yet completed an Initial Teacher Education/Training course please leave the Qualification Class and Date of Award blank and forward a copy of your Initial Teacher Education/Training Certificate as soon as it is available.
- All other applicants should send a copy of your Initial Teacher Education/Training Certificate and Transcript with your application.
- Teachers trained in England or Wales should also provide a copy of your Qualified Teacher Status (QTS) Certificate.
- Teachers trained in Scotland should also provide one of the following:
 - evidence of GTCS provisional or full registration or
 - an original copy of a letter from GTCS stating that the qualification gained would normally lead to recognition with GTCS

E. Non-Teaching Higher Education Qualifications

- This information is essential if your initial teacher education training course was/is 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 & G. Disability & Ethnic Group

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

H. 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, 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 the age range and subject(s) you are qualified to teach.
- QTS Certificate (if qualified in England or Wales).
- Degree Certificate and Transcript (if appropriate).

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

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, made payable to 'GTCNI Quads Approval', when returning an application. 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 your completed application form, all necessary supporting documentation and the assessment/registration fee we will begin the assessment and registration process.

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 processes as and when required.

Please contact the GTCNI Registration Team on 028 9033 3390, or e-mail us via registration@gtcni.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

Signed & Dated

Birth Certificate

Marriage Certificate
(if appropriate)

Teaching Council Registration
Documentation
(if appropriate)

Initial Teacher Training
Certificate & Transcript

QTS Certificate / GTCS
Registration

Degree Certificate &
Transcript
(if appropriate)

Assessment/
Registration Fee

GTCNI Application to Register for a teacher educated/trained within the UK

Please complete using black ink and BLOCK CAPITALS.

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

A. PERSONAL DETAILS

Surname: Forename(s):

Previous Surname(s):

Title: (Please Tick) Mr Mrs Miss Ms Other

Date of Birth: Gender: (Please Tick) Male Female

Contact Address:

Town:

County:

Postcode:

Country:

E-Mail Address:

Contact Tel No. (Inc STD Code): Mobile No:

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"/>	Quals Certs & Transcript	<input type="checkbox"/>	Quals Approved	<input type="checkbox"/>	Assessment/Registration Fee
<input type="checkbox"/>	DENI	<input type="checkbox"/>	DBS	<input type="checkbox"/>	GTCs/Teacher Regulation Agency
<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

Teacher Ref No:

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Date Awarded:

D	D	M	M	Y	Y	Y	Y
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C. OTHER GTCs (if applicable)

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

Teacher Regulation Agency	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Ref No:	<input type="text"/>
GTC Scotland	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Ref No:	<input type="text"/>
Education Workforce Council	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Ref No:	<input type="text"/>
Teaching Council for Ireland	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Ref No:	<input type="text"/>

D. INITIAL TEACHER EDUCATION QUALIFICATIONS

Please provide details of your Initial Teacher Education Qualifications. 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: (if applicable)

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
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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

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
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F. 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

G. 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

H. PREFERRED COMMUNICATION METHOD

As a registrant of GTCNI we will be communicating with you periodically to update you with statutory information and where possible we would like to use your preferred communication method. Please indicate your preferred communication method below.

Email

Post

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 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 as necessary to the Department of Education (NI) and other Teaching Councils. For further details on our Privacy Notice please see www.gtcni.org.uk

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