

**Promoting Teacher Professionalism** 

### **APPLICATION TO REGISTER WITH GTCNI**

For those undertaking Initial Teacher Education in Northern Ireland

### **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. 5<sup>th</sup> 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 also include your C2k email address as this is often the most effective means of communication.
- If you are not in full time employment GTCNI is negotiating with C2k to keep your C2k email address live so that you can continue to use the C2k online services while subbing or seeking employment.

### B. Teacher Reference (TR) Number

 Please complete this section if you have previously been issued a Teacher Reference Number by the Department of Education for Northern Ireland.

#### C. 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 will be confirmed by your Initial Teacher Education provider, please complete in full.

### D. 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.

### E. 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. If you are primary school trained, you are also required to hold at least a grade C (or equivalent) in Science GCSE. This information is essential to your application and will be confirmed by your Initial Teacher Education provider, please complete in full.

### 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.

- Birth Certificate:
- Marriage Certificate (if your surname has changed upon marriage); and
- Degree Certificate and Transcript (if appropriate).

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

Photocopies are acceptable, please do not send originals. All documents supplied will be retained by the Council and will not be returned.

### **Registration Fee**

An annual registration fee is required to register with the Council. The registration period is 1st April to 31st March and the current fee set by the Council is £44.

Please do not send payment with this application form unless specifically requested to do so by a member of the Registration Team.

### What happens next?

Once we have received your completed application form and all necessary supporting documentation we will begin the assessment and registration process.

After we have received verification of your qualifications from your Initial Teacher Education provider, we will contact you and request the required registration fee.

Upon receipt of the registration fee we will complete your registration and send you a letter confirming your registration status.

If we are unable to process your application of 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 Li	st					
Please use the following check list before returning your completed application						
	Signed and Dated		Birth Certificate		Marriage Certificate (if appropriate)	
	Degree Certificate and Transcript (if appropriate)					

# GTCNI Application to Register: for those undertaking Initial Teacher Education in Northern Ireland

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) N							
Date of Birth:	Date of Birth:  D D M M Y Y Y Y Gender: (Please Tick) Male Female						
Contact Address:							
Town:							
County:							
Postcode:							
Country:							
Email Address:  C2k Email Address:							
Contact Tel No. (Inc STD Code):							
National Insurance No:							
For Office Use	Only	Applicant No:	RO:				
Signed	d and Dated	Birth Certificate		Marriage Certificate			
Degree Transc	e Certificate and cript (if appropriate )	DENI		DBS			
Regist	tration Fee	Checked		Registration Offered			

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B. Teacher Reference (TR) Number (if applicable)								
Please provide details if you have previously been issued with a TR Number by the Department of Education.								
Teacher Ref No:	Date Issued (If known):							
C. INITIAL TEACHER EDUCATION QUALIFICATIONS								
Please provide details of your Initial Teacher Education Qualification:								
Name of Institution:								
Title of Qualification:								
Age Range Trained to Teach:								
Main Subject:	Subsidiary Subject:							
Qualification Class: (if applicable)								
Period of Study:  From DDMMYYYYY  To DDMMYYYYY								
Date of Award:								
D NON TEACHIN								
	G HIGHER EDUCATION QUALIFICATIONS (only complete if your initial l/training course was a postgraduate course)							
Please provide details	of your initial degree:							
Name of Institution:								
Title of Degree:								
Main Subject:	Subsidiary Subject:							
Degree Class:								
Period of Study: From DDMMYYYYY To DDMMYYYYY								
Date of Award	D D M M Y Y Y							

E. GENERAL EDUCATION - GCSE or equivalent qualifications							
Please provide details of the qualifications you obtained in the following subjects:							
-		The following subjection		Data of Assessed			
Subject English	Level		Grade	Date of Award			
Mathematics							
Science ( for Primary	,						
Teaching only)							
E DIGARILITY							
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	u meet this definition of disability?	Yes	No				
G. ETHNIC GROUP	1						
		aidar vav balana t					
_	ndicate which Ethnic Group you con	sider you belong t	:0:				
Bangladeshi	Irish Traveller						
Black African	Mixed Ethnic Gro						
Black Caribbean	(please give deta	ails)					
Black Other	Pakistani						
Chinese	White						
Indian	Any other ethnic	group					
I do not wish my Ethnic Group to be recorded							
H. PREFERRED CO	OMMUNICATION 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 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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