# School Year: 2011/2012

# Local Facilitator Self-Nomination Form for work with the Professional Development Service for Teachers (PDST)

This form is to be completed by the teacher and sent to: **Catherine Begley, Professional Development Service for Teachers (PDST), 14 Joyce Way, Park West Business Park, Nangor Road, Dublin 12.**

A further Board of Management Release Form will be issued by Blackrock Education Centre to the school for completion.

**To be Completed by the Teacher**

**1 Programme/subject area within PDST Support Service for which you wish to act as a local facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Name |  |
| Home Address |  |
|  |
|  |
| Telephone | Home: | Mobile: |
| Email  | Home: | Work: |
| Teaching Council Registration No. |  |
| Personal Details | PPS No: | PRSI Class: |
| Employment status: PWT; CID; Fixed Term Contract; Part-time (please specify) |  |
| If you are a Post Holder in your school, please give details as appropriate | Post: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Region 1/2/3/4//5/6 (please specify which region you live/work in). See [www.pdst.ie](http://www.pdst.ie) for education centres in each region | Region \_\_\_\_\_\_\_\_\_ |

**2. School Details – current or former if retired**

|  |  |
| --- | --- |
| School Name |  |
| Address |  |
|  |  |
| Roll No. |  | **Telephone No.** |  |

**Primary Teacher: Yes No**

**Second Level Teacher: Yes No**

|  |  |
| --- | --- |
| **Subjects Taught (Second level only):** | **Subjects Offered (Second level only):** |

**3. Are you already seconded to/engaged as an associate or local facilitator with another support service or organisation? YES/NO**

If YES, please state:

|  |  |
| --- | --- |
| **Name of other organisation** | **Address of other organisation**  |
|  |  |
|  |  |
|  |  |

**Work as a local facilitator**

Please note your area(s) of CPD expertise, or the area in which you wish to act as a local facilitator, below:

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include the contact details of **two *educational* referees** who may be contacted by PDST in relation to the details provided in this self-nomination form (for example, principal, deputy-principal, education centre director, or support service personnel)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position/Title** | **Phone number** | **E-mail**  |
|  |  |  |  |
|  |  |  |  |

Please note that this information will be included on a central database managed by Blackrock Education Centre on behalf of the Department of Education and Skills. In the event that other Department of Education Support Services or Education Support Centres wish to access your information in order to access suitably qualified/skilled personnel for work on their behalf do you give permission for your information to be shared with such Support Services?

**Yes No**

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Data Protection*

***The Blackrock Education Centre will treat all personal data you provide on this form as confidential and will use it solely for the purpose intended. The information will only be disclosed as permitted by law or for the purposes listed in the Blackrock Education Centre registration with the Data Protection Commissioner - REF 10764/A***

***If the information you have provided is to be used for purposes other than outlined in the Blackrock Education Centre’s registration with the DPC your permission will be sought.***