

Fit & Proper Person Assessment Character Reference Form

Guidance Notes

As part of your application for registration with the Teaching Council, you are required to provide a completed character reference form.

Please read the following guidance notes to assist in completion of the form, which can be found [overleaf](#).

1. Professional persons that can complete the form:

The form must be completed by one of the persons listed below, who has known you in a professional capacity for at least one academic year in the last five years:

- a. A **Registered Teacher** (the teacher must be currently registered with the Teaching Council in Ireland).
- b. A school **Principal** or **Deputy Principal** or **Director of an Education Training Board (ETB)**.
- c. A **Lecturer** or **Head of School Placement** in the Higher Education Institution where you completed your undergraduate or post graduate qualification.

2. Stamp

- ▶ An official stamp is not required for option 1(a) above i.e. a Registered Teacher - their Teaching Council registration number will suffice.
- ▶ An official stamp is required for options 1(b) and 1(c) above. Where the school/higher education institution does not possess an official stamp, you must provide a letter from them confirming same and submit it along with this Character Reference form.

3. Signatures

- ▶ Digital signatures are acceptable once verifiable. To insert a verifiable digital signature, please open this document using Adobe-Acrobat and click on the digital signature icon and follow instructions for inserting a digital signature.
- ▶ A pen to paper signature is acceptable.
- ▶ A typed signature **is not** acceptable.

4. Validity

- ▶ The Character Reference form is valid for one year from the date of signature on the form. The Council reserves the right to request a new Character Reference form where an application for registration has not been completed during this validity period.

Character Reference Form

Name of Applicant:
(in block capitals)

I hereby certify that, in my professional capacity, I have known the above person for one academic year in the last five years and that I know of nothing in their character that renders them unfit for the teaching profession.

Name of Professional Person:
(in block capitals)

Signature of Professional Person:

Date:

Occupation/Position of
Professional Person

Employment/Personal address of
Professional Person:

Teaching Council Registration
Number *(where Professional person is a
Registered Teacher)*

PLEASE AFFIX THE OFFICIAL SCHOOL/HIGHER EDUCATION INSTITUTION STAMP IN THIS BOX (for options 1(b) and 1 (c). If the School/Higher Education Institution does not have an official stamp you may provide an email/letter from the School/Higher Education Institution confirming same and submit it with this form