

Membership 2017/2018



School Contact Information	
Roll No. _____	Tel. No. _____
School Name:	
School Address:	
School Profile	
SCHOOL TYPE	Mainstream <input type="checkbox"/> Mainstream with Special Classes <input type="checkbox"/> Special School <input type="checkbox"/>
STRUCTURE	Vertical <input type="checkbox"/> Junior School <input type="checkbox"/> Senior School <input type="checkbox"/>
GENDER	Girls <input type="checkbox"/> Boys <input type="checkbox"/> Co-ed <input type="checkbox"/> Girls with Infant Boys <input type="checkbox"/>
SCHOOL PATRONAGE	An Foras Pátrúnachta <input type="checkbox"/> Autism Ireland <input type="checkbox"/> Catholic <input type="checkbox"/> Church of Ireland <input type="checkbox"/> Educate Together <input type="checkbox"/> Jewish <input type="checkbox"/> Methodist <input type="checkbox"/> Multi-Denominational <input type="checkbox"/> Muslim <input type="checkbox"/> Presbyterian <input type="checkbox"/> Private <input type="checkbox"/> ETB <input type="checkbox"/> Other: <input type="checkbox"/>
CLASSIFICATION	
DEIS 1 <input type="checkbox"/> DEIS 2 <input type="checkbox"/> DEIS Rural <input type="checkbox"/> Detention Centre <input type="checkbox"/> Gaelscoil <input type="checkbox"/> Hospital School <input type="checkbox"/> Island School <input type="checkbox"/> Scoil sa Ghaeltacht <input type="checkbox"/>	
ENROLMENT	Sept. 2016 _____ New Sept. 2017 _____
STAFFING LEVELS	
Mainstream Class Teachers	Shared Teachers based in this school
Support Teachers (LST/SEN/ESL, etc.)	SNAs & Classroom Assistants
Full-time Secretary	Full-time Caretaker
Part-time Secretary	Shared Teachers based in this school

SCHOOL DETAILS

Contact Information						
Please ensure that the details for both Principal & Deputy are correct This information is used to keep you updated on important information/events etc.						
Principal	Name					
	Role		Mobile			
	Role Status		Home No.			
	Age (if blank)	21-30 yrs <input type="checkbox"/>	31-40 yrs <input type="checkbox"/>	41-50 yrs <input type="checkbox"/>	51-60 yrs <input type="checkbox"/>	61 + yrs <input type="checkbox"/>
	Email	(direct IPPN correspondence)				
	Mailing Lists	I wish to be subscribed to IPPN Mailing lists <input type="checkbox"/>	(preferred email for mailing lists)			

Deputy Principal	Name					
	Role		Mobile			
	Role Status		Home No.			
	Age (if blank)	21-30 yrs <input type="checkbox"/>	31-40 yrs <input type="checkbox"/>	41-50 yrs <input type="checkbox"/>	51-60 yrs <input type="checkbox"/>	61 + yrs <input type="checkbox"/>
	Email	(direct IPPN correspondence)				
	Mailing Lists	I wish to be subscribed to IPPN Mailing lists <input type="checkbox"/>	(preferred email for mailing lists)			

SEPA Direct Debit Mandate

Unique Mandate Reference (UMR)	
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Unique Mandate Reference (UMR) to be completed by Irish Primary Principals' Network

Creditor Identifier:	IE 44 SDD 305954	Type of Payment	Recurrent Payment <input type="checkbox"/> One off Payment <input type="checkbox"/>
Creditor's Name:	Irish Primary Principals' Network		
	Creditor's Address: Glounthaune, Co Cork, Ireland		

By signing this mandate form, you authorize (A) Irish Primary Principals' Network to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Irish Primary Principals' Network. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Please complete all fields marked with *

*Debtor Name	
Debtor Address	
City	

***Debtor Account Number – IBAN**

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***Debtor Bank Identifier Code – BIC**

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*Note: If this is a joint account – both signatures are required

*Signature:	*Date of Signature
	/ /

*Signature:	*Date of Signature
	/ /

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank. Please return this mandate to: IPPN Support Office, Glounthaune, Co Cork

Information Purposes Only

Debtor Roll No.	Description of Contract	IPPN Membership Fee	Amount	€
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MEMBERSHIP TERMS & CONDITIONS

1. Your personal & contact details will not be shared with a third party
2. DES Circular 14/2002 states that the IPPN Professional Membership fee is an appropriate BoM expense
3. Membership Fee is for the academic year 2017/2018:
 - a) Teaching Principal & Deputy = €225
 - b) Administrative Principal & Deputy = €260
4. Deputy Principal's membership of IPPN does not incur any additional fee.
5. Deputy Principal has access to networking@ippn.ie and www.ippn.ie (please provide email address)
6. Please view the Mailing Lists Terms & Conditions, they can be found on www.ippn.ie
7. In 2 teacher schools, the 2nd teacher can be registered as the Deputy Principal for the purpose of IPPN membership
8. Cheques should be crossed and made payable to IPPN. Please write the School Roll No. on the back of cheque
9. If you choose to renew your membership using Direct Debit - please complete the mandate above
10. A receipt will be issued for your Board of Management to the Principal's email address given overleaf. Membership Form and Fee should be posted to: Membership, IPPN Support Office, Glounthaune, Co Cork



Online

IPPN Dashboard,
www.ippn.ie
Resources on: *Recruitment
Curriculum & School Planning,
School Policies, Staff
Management, Board of
Management, Parents & pupils,*
IPPN Mailing Lists



Professional Development

Principals' Conference
Deputy Principals'
Conference
Online Training Courses
Regional Seminars



Publications/ Communication

Leadership+
PIMS, E-scéal
Weekly Planning Prompts
IPPN Research Publications
Position Papers & Submissions
SMS Alerts