



**QQ14**

**VERIFICATION OF TEACHER TRAINING QUALIFICATIONS OBTAINED OVERSEAS  
(To be used by teachers who are not members of the EU community)**

- Please complete using black ink or type.
- You should complete Part A of this form and have Part B completed in English by the University or College Authorities where you obtained your teaching qualification. The University / College authorities should return the completed form direct to this Department at the address given on the back page. (A version of this form in another language will be made available upon request.)

**PART A - To be completed by yourself**

<b>Surname:</b>	<input style="width: 95%;" type="text"/>	<b>Tick the appropriate box.</b>	<b>Mr</b> <input type="checkbox"/> <b>Mrs</b> <input type="checkbox"/> <b>Miss</b> <input type="checkbox"/> <b>Ms</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>												
<b>Former Surname (if applicable)</b>	<input style="width: 250px;" type="text"/>	<b>Forename(s)</b>	<input style="width: 250px;" type="text"/>												
<b>Address for correspondence</b>	<input style="width: 100%; height: 100%;" type="text"/>														
<b>Postcode</b>	<input style="width: 100%; height: 100%;" type="text"/>														
<b>Telephone No.</b>	<input style="width: 250px;" type="text"/>	<b>Date of Birth</b>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> <tr> <td><b>DD</b></td> <td><b>DD</b></td> <td><b>MM</b></td> <td><b>MM</b></td> <td><b>YY</b></td> <td><b>YY</b></td> </tr> </table>							<b>DD</b>	<b>DD</b>	<b>MM</b>	<b>MM</b>	<b>YY</b>	<b>YY</b>
<b>DD</b>	<b>DD</b>	<b>MM</b>	<b>MM</b>	<b>YY</b>	<b>YY</b>										
<b>National Insurance Number (If Any)</b>	<input style="width: 250px;" type="text"/>	<b>Nationality</b>	<input style="width: 200px;" type="text"/>												

**ACADEMIC QUALIFICATIONS (excluding teacher training)**

**Secondary School**

**Please give details of your final qualifications on leaving school (leaving certificate etc)**

Qualification Title	Level (pass, credit etc)	Date Awarded

Did the courses include - (please tick appropriate boxes)

English Language - Yes  No

Mathematics - Yes  No

If the answer is "Yes"

(1) English Language

(2) Mathematics

To what level were these subjects studied? (1<sup>st</sup>, 2<sup>nd</sup> year etc)

Did you successfully pass

English Language  
Mathematics

Yes   
Yes

No   
No

Please give details (if applicable)

Degree Title	Main Subject	Honours/Class	Date awarded

What University/College did you attend

Dates of attendance

From

DD	DD	MM	MM	YY	YY

To

DD	DD	MM	MM	YY	YY

Was your attendance full-time or part-time

Please give details of other post secondary academic qualifications (Diplomas, Certificates etc)

Qualification Title	Main Subject	Level (pass/credit)	Date Awarded

Which University/College did you attend

Dates of attendance

From

DD	DD	MM	MM	YY	YY

To

DD	DD	MM	MM	YY	YY

Was your attendance full-time or part-time

Signed \_\_\_\_\_

Date \_\_\_\_\_

**PART B – To be completed by University/College Authorities**

Can you confirm that the information given in Part A is correct Yes   
 (Please tick appropriate box) No

If the answer is “No” please give reasons

**TEACHER TRAINING QUALIFICATIONS**  
 What is the name of the University/College

What are the minimum entry qualifications

Please give dates the student attended from 

DD	DD	MM	MM	YY	YY

 To 

DD	DD	MM	MM	YY	YY

Was his/her attendance full-time or part time

Please give details of the teaching award

Award Title	Main Subjects	Date Awarded
	(1)	
	(2)	

1. What level is the individual qualified to teach?

Tick the appropriate box.  
 Primary  Secondary  Both Levels  Neither Level

**Breakdown of University course.**

- 2. Number of weeks in each academic year of course
- 3. Number of years attended
- 4. Number of weeks teaching practice per year
- 5. Was a Degree an entry required to the course Yes  No

If yes please complete questions 6 and 7

- 6. Number of weeks in each academic year of Degree
- 7. Number of years attended

Please give the number of hours spent in the following areas over the entire period of the course(s)

**Non Teaching Degree details (i) (complete if they do not hold any teaching qualification)**

Areas	Hours
Main Subject	
Secondary subject (if applicable)	

Please give the number of hours spent in the following areas over the entire period of the course(s)

**TEACHER TRAINING**  
(Complete only for a Teacher Training Qualification)

Areas	Hours
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ii. Main Subject

iii. Secondary subject (if applicable)

**Methodology of teaching main subjects**

**Education studies (psychology, sociology, philosophy, history of education etc)**

**Primary School Subjects**  
(Trained Primary school teachers only)

**Language**

**Mathematics**

**Science**

**History**

**Geography**

**Music**

**Art**

**PE**

**Religious moral education**

**Specify other subjects**

**Declaration** (to be completed by university/college authorities)

To the best of my knowledge the information I have given above is correct.

Signed

(position in university/college stamp)

Date

**Please impress university or college stamp here**

**Please return completed form to:**

**Department of Education  
Teachers' Pay & Administration Branch  
Waterside House  
75 Duke Street  
Londonderry  
BT47 6FP  
Northern Ireland**