

# Membership 2022/2023

Please check the information below and amend where necessary.



SCHOOL DETAILS		SCHOOL CONTACT INFORMATION						
		Roll No.		School Tel. No.				
		School Name & Address						
		EIRCODE						
SCHOOL DETAILS		SCHOOL PROFILE						
		SCHOOL TYPE	Mainstream <input type="checkbox"/>	Mainstream with special classes <input type="checkbox"/>	Special Schools <input type="checkbox"/>			
		STRUCTURE	Vertical <input type="checkbox"/>	Junior <input type="checkbox"/>	Senior <input type="checkbox"/>			
		GENDER	Girls <input type="checkbox"/>	Boys <input type="checkbox"/>	Co-Ed <input type="checkbox"/>	Girls with infants <input type="checkbox"/>		
		ENROLMENT	SCHOOL PATRONAGE					
		CLASSIFICATION: Please tick below						
		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"/>				
		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	_____	Part-time Caretaker	_____					
CONTACT INFORMATION <small>Please ensure that the details for both Principal &amp; Deputy are correct.</small>		PRINCIPAL						
		Name	Role					
		Age	Status					
			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"/>						
		Mobile <small>(direct IPPN correspondence only)</small>						
		Email <small>(direct IPPN correspondence only)</small>						
		SMS/Push Notifications <small>You must opt in to receive them (GDPR)</small>	I wish to receive SMS/push notifications from IPPN			<input type="checkbox"/>		
		Mailing Lists <small>You must opt in to receive emails (GDPR)</small>	I wish to be subscribed to/continue my subscription of IPPN Mailing lists			<input type="checkbox"/>		
		Preferred email for mailing lists:						
		Support Group	Are you currently a member of a local support group? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify location: _____ If not, would you like to be? Yes <input type="checkbox"/> No <input type="checkbox"/>					
		CONTACT INFORMATION <small>Please ensure that the details for both Principal &amp; Deputy are correct.</small>		DEPUTY PRINCIPAL				
				Name	Role			
				Age	Status			
					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"/>								
Mobile <small>(direct IPPN correspondence only)</small>								
Email <small>(direct IPPN correspondence only)</small>								
SMS/Push Notifications <small>You must opt in to receive them (GDPR)</small>	I wish to receive SMS/push notifications from IPPN			<input type="checkbox"/>				
Mailing Lists <small>You must opt in to receive emails (GDPR)</small>	I wish to be subscribed to/continue my subscription of IPPN Mailing lists			<input type="checkbox"/>				
Preferred email for mailing lists:								
Support Group	Are you currently a member of a local support group? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify location: _____ If not, would you like to be? Yes <input type="checkbox"/> No <input type="checkbox"/>							

## SEPA Direct Debit Mandate

<b>Unique Mandate Reference (UMR)</b>	
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Unique Mandate Reference (UMR) to be completed by Irish Primary Principals' Network

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

By signing this mandate form, you authorise (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 \*

<b>*Debtor Name</b>	
Debtor Address	
City	
<b>*Debtor Account Number – IBAN</b>	
<b>*Debtor Bank Identifier Code – BIC</b>	

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

<b>*Signature:</b>	<b>*Date of Signature</b>
	/     /
<b>*Signature:</b>	<b>*Date of Signature</b>
	/     /

**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

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|---|---|
| <ol style="list-style-type: none"> <li>1. Your personal &amp; contact details will not be shared with a third party</li> <li>2. Per DE Circular 14/2002, the IPPN professional membership fee is an appropriate BoM expense</li> <li>3. Membership Fee is for the academic year 2022/2023:             <ol style="list-style-type: none"> <li>a) Teaching Principal &amp; Deputy = €250</li> <li>b) Administrative Principal &amp; Deputy = €290</li> </ol> </li> <li>4. Both Principal and Deputy Principal are included in the membership fee [moved]</li> <li>5. Principals and Deputy Principals have access to networking@ippn.ie and www.ippn.ie (please provide email address)</li> <li>6. Please view the Mailing Lists Terms &amp; Conditions, which can be found on <a href="http://www.ippn.ie">www.ippn.ie</a></li> <li>7. In two-teacher schools, the second teacher can be registered as the Deputy Principal for the purpose of IPPN membership</li> </ol> | <ol style="list-style-type: none"> <li>8. Cheques should be crossed and made payable to IPPN. Please write the School Roll No. on the back of the cheque</li> <li>9. If you choose to renew your membership using Direct Debit, please complete the mandate above</li> <li>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:<br/><b>Membership '22/23, IPPN Support Office, Glounthaune, Co Cork</b></li> <li>11. Information provided on the form is used for statistical information and planning for future CPD events.</li> <li>12. You can opt out of receiving our weekly E-scéal, SMS/push notifications and mailing lists subscriptions.</li> </ol> |
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### Obtaining Personal Information – Data Protection

In order to deliver the best possible service to you, IPPN needs to obtain, use and store information about you, including: **Personal details such as your name, age, address, telephone numbers, email address and bank details.** Your personal data is stored on computer and on manual record. We will regularly update your personal data to keep it relevant. We ask that you please inform us of any significant changes, such as a change of address or other contact details, at your earliest convenience. **Lawful basis relied upon:** Contract - because you are joining IPPN as a member or you are renewing your membership.