

Membership 2021/2022

Please check the information below and amend where necessary.



School Contact Information

Roll No. _____	Tel. No. _____
School Name: _____	
School Address: _____	
Eircode _____	

School Profile

SCHOOL DETAILS

SCHOOL TYPE	Mainstream <input type="checkbox"/>	STRUCTURE	Vertical <input type="checkbox"/>
	Mainstream with Special Classes <input type="checkbox"/>		Junior School <input type="checkbox"/>
	Special 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 <input type="checkbox"/>	Autism Ireland <input type="checkbox"/>	Catholic <input type="checkbox"/>
	Pátrúnachta <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 2018 _____		
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		

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			
			Status			
	Age	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					
	Email	(direct IPPN correspondence only)				
	SMS/Push Notifications	I wish to receive sms/push notifications from IPPN				<input type="checkbox"/>
	Mailing List (preferred email for mailing lists)	I wish to be subscribed to/continue my subscription of IPPN Mailing lists				<input type="checkbox"/>
Support Group	Are you currently a member of a local support group? If not, would you like to be?				Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please ensure the Deputy Principal contact information is complete so they can also benefit from IPPN Supports & Services						
DEPUTY PRINCIPAL	Name		Role			
			Status			
	Age	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					
	Email	(direct IPPN correspondence only)				
	SMS/Push Notifications	I wish to receive sms/push notifications from IPPN				<input type="checkbox"/>
	Mailing List (preferred email for mailing lists)	I wish to be subscribed to/continue my subscription of IPPN Mailing lists				<input type="checkbox"/>
Support Group	Are you currently a member of a local support group? If not, would you like to be?				Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	

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	
*Debtor Bank Identifier Code – BIC	

*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

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| <ol style="list-style-type: none"> 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 2020/2021: <ul style="list-style-type: none"> a) Teaching Principal & Deputy = €250 b) Administrative Principal & Deputy = €290 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 | <ol style="list-style-type: none"> 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 11. Please note any information provided will not be shared with a third party |
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Obtaining Personal Information – Data Protection

In order to deliver our services IPPN needs to process the following categories of personal data. It is important to obtain, use and store information about you, in order for us to deliver you the best possible service. This personal data includes: **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.