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**Restorative Practices**

**Training of Trainers** 2025-2026

APPLICATION FORM

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**Please complete and sign this form and return it to Claire Casey at CDI on** [**claire@cdi.ie**](mailto:claire@cdi.ie) **by**

**Friday the 19th of September 2025**

**If you have any questions about this form or our Restorative Practices Training of Trainers Course call Claire on 087 280 6450 or George on 01 910 3075**

**Name:**

**Address:**

**Organisation:**

**Job Title/Role:**

**Phone:**

**Email:**

**Teaching Council Number (if applicable):**

**Course venue and dates that you are applying for:**

|  |  |
| --- | --- |
| **Dates and Venue** | **Yes?** |
| 10am-3pm 4th, 11th, and 18th October, 8th and 15th November 2025, 24th January and 28th February 2026  [Childhood Development Initiative, Tallaght, D24 PK6P](https://www.google.com/maps/place/Childhood+Development+Initiative/@53.2920532,-6.3920063,17z/data=!3m1!4b1!4m6!3m5!1s0x486774b972f18ed7:0x7afaea05d40640e4!8m2!3d53.2920532!4d-6.3894314!16s%2Fg%2F1q5hrjbz4?authuser=0&entry=ttu) |  |
| 110am-3pm October 11th and 18th, November 8th, 15th, and 22nd, February 28th and March 28th 2026.  [Villiers School, N Circular Rd, Kilrush, Limerick, V94 F983](https://www.google.com/maps/place/Villiers+School/@52.6616772,-8.6610511,17z/data=!3m1!4b1!4m6!3m5!1s0x485b5c8da7dc50e7:0xca789bd6a36f5ab2!8m2!3d52.661674!4d-8.6584762!16zL20vMGQ5Y3Fs?authuser=0&entry=ttu&g_ep=EgoyMDI1MDYyMi4wIKXMDSoASAFQAw%3D%3D) |  |

1. **Please confirm that you have undertaken the following CDI Restorative Practices training (please put ‘Yes’ in each box that applies):**

|  |  |  |
| --- | --- | --- |
| **Course** | **Date (MM/YYYY)** | **Yes?** |
| Getting Started with Restorative Practices |  |  |
| Restorative Practices Facilitation Skills |  |  |
| Restorative Practices Skills for Promoting Wellbeing in Classrooms and Schools (RP Summer Course for Teachers) |  |  |

1. **Have you undertaken any other training in restorative practices to date?**
2. **Describe your experience of using restorative practices in your life and/or work.**
3. **What is your motivation for applying for this course?**
4. **Please provide any other information you believe is relevant to your application for this course.**

**Declaration:**

**Between October 2025 and March 2026, I will be in a position to deliver a minimum of eight hours RP Training to a group of trainees that I have already identified and which will be observed by a CDI Restorative Practices Quality Specialist.**

**I understand that being observed delivering CDI’s RP training is required to graduate this course.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**