|  |
| --- |
| **Application Form – Mainstream Primary & Special School Teachers – Circular 0019/2024** |

|  |
| --- |
| **Post-Graduate Diploma Programme of Teacher Professional Learning for Special Education Teachers – 2024/2025** |

|  |
| --- |
| **To be completed by Teachers in Mainstream Primary and Special Schools** |

|  |
| --- |
| **Please see details below on how to apply to the College/University of your choice by**  **15 April 2024.** |
|  |
| |  | | --- | | **DCU applicants must apply online at the following link:** | | [www.dcu.ie/gdise](http://www.dcu.ie/gdise) | |
| |  | | --- | | **Mary Immaculate College applicants can download the application form at the following link** | | [Graduate Diploma/M Ed in Inclusive Special Education | Mary Immaculate College](https://www.mic.ul.ie/faculty-of-education/programme/graduate-diploma-m-ed-in-special-education?index=0) | | Completed application forms must be returned by email to [PGDISE@mic.ul.ie](file:///C:\Users\adrian_mannion\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\PDD31V7B\PGDISE@mic.ul.ie) | |
| |  | | --- | | **University of Galway applicants can download the application form at the following link:** | | <http://www.nuigalway.ie/courses/taught-postgraduate-courses/education-special-educational-needs.html> | | Completed application forms must be emailed to[**pdsen@universityofgalway.ie**](mailto:pdsen@universityofgalway.ie) | |
| |  | | --- | | **ATU St Angelas applicants must apply online at the following link:** | | [Postgraduate Diploma in Arts in Special Education - St Angelas](https://www.stangelas.ie/programmes/postgraduate-programmes-standalone-modules/postgraduate-diploma-special-education/) | |
| |  | | --- | | **UCC applicants must apply online at the following link:** | | <https://www.ucc.ie/en/study/postgrad/taughtcourses/pgdip/specialed/> | |
| |  | | --- | | **UCD applicants must complete an electronic application form, available to download at link:** | | <https://www.ucd.ie/education/study/diplomaprogrammes/> | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Personal Details** | | | | | |
| Name |  |  | School |  | |
| Home Address: |  |  | School Address & Eircode | |  |
|  | |  |  | | |
|  | |  |  | | |
|  | |  |  | | |
| Home Phone |  |  | School Roll No. | |  |
| Mobile Phone |  |  | School Phone | |  |
|  |  |  | Fax | |  |
| Personal Email |  |  | School Email | |  |
| Teacher Payroll No |  |  | Principal | |  |

Please state year of fulfilling induction and probation requirement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2. Registration Details (Per Teaching Council Registration Certificate or Confirmation of Registration letter)** | | | | |
| Teacher Registration Number |  | | | |
| Education Sector |  | | | |
|  |  |  |  |  | |
| Do you hold current Garda Vetting | Yes |  | No |  | |
|  | | | | |
| \* A copy of the Teacher Registration Certificate or a Confirmation of Registration letter must accompany this form. | | | | |

|  |  |  |
| --- | --- | --- |
| **3. Current Teaching Position** |  | |
| **(a) Please tick which of the following best describes your current Employment Status:** | | |
| Permanent |  | |
| Contract of Indefinite Duration (CID) |  | |
| Fixed Term Contract |  | |
| Other, please specify: |  | |
|  |  | |
| If employed in a part time capacity, for how many hours are you employed? | |  |
|  | | |

|  |
| --- |
| **(b) Please tick which of the following best describes the teaching position you will hold in 2024/2025 (*You may tick more than one box)*:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **√ as appropriate** | **Position** | **√ as appropriate** |
| Special Education Teacher |  | Teacher in a special class in a mainstream school |  |
| Class Teacher in a special school |  | Subject Teacher in a special school |  |
| Visiting teacher (specify SEN category and number on caseload) |  | Principal in a special school |  |
| Other (please specify) |  |  |  |

Please state the number of students with SEN whom you are currently teaching in school:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **(c) Please state** | | | |
| Your total number of years teaching |  | | |
| Number of years teaching in your current school | |  | |
| When were you appointed to your current SET post/hours? | | |  |

|  |  |
| --- | --- |
| **(d) Please state** | |
| Number of students you are currently teaching in your capacity as indicated at **3 (c)** above: |  |

|  |  |
| --- | --- |
| **(e) Please state** | |
| Number of years teaching mainstream classes |  |

|  |
| --- |
| **(f) Please state** |
| Please state name, address and roll numbers of all the schools in which you currently teach, where applicable:  School Name Address Roll Number DEIS Category |
|  |
|  |
|  |
|  |
|  |
|  |
| **4. Professional or other qualifications held:** | |
|  | |
| **College, University or Other Awarding Body:** | |
|  | |
|  | |
|  | |
|  | |
| **Dates of Attendance and Whether Full-Time or Part-Time:** | |
|  | |
|  | |
|  | |
|  | |
| **Degree or Other Qualifications obtained/to be obtained:** | |
|  | |
|  | |
|  | |
|  | |
| **Grade/Class (if any):** | |
|  | |
|  | |
|  | |
|  | |
| **Subject(s):** | |
|  | |
|  | |
|  | |
|  | |
| **Date of Award:** | |
|  | |
|  | |
|  | |
|  | |

|  |
| --- |
| **5. Previous Teaching Experience** |

|  |  |  |  |
| --- | --- | --- | --- |
| **(a) Prior to taking up your current position, please state number of years as a teacher in:** | | | |
| Special Schools |  | Special Classes |  |
| Special Education (Former Learning Support / Resource Teaching Roles) |  | Other (Please specify) |  |
| Total |  | | |

|  |  |
| --- | --- |
| Name & Address of School(s) (please specify teaching role) | Dates |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **(b) Please provide details of any other relevant experience in educational settings:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **6. Previous Professional Development courses attended (e.g. Induction, SESS/NCSE, other teachers’ professional learning)** |
|  |
| **Name & Dates of Professional Development Course** |
|  |
|  |
|  |
|  |
| **Duration** |
|  |
|  |
|  |
|  |
| **Grade/Class (if any):** |
|  |
|  |
|  |
|  |
| **Subject(s):** |
|  |
|  |
|  |
|  |
| **Year of Completion of Professional Development Course** |
|  |
|  |
|  |
|  |
| **Accrediting Body** |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **7. Details of other applications made** | | | | | |
| **(a) Have you previously applied for the Special Education Course?** | | Yes |  | No |  |
| If yes, what year? |  | | | | |
| If yes, which college/university? |  | | | | |
| **(b) Have you applied to other Colleges/Universities for the 2024/2025 Programme?** | | Yes |  | No |  |
| If yes, which college/university? |  | | | | |

I have read the description of the programme of teacher professional learning set out in Circular 0019/2024-- and I agree to attend, in full, the Course for which I am making application and to fulfil the necessary conditions of such participation. I will notify my school authority of any absence from the course in accordance with normal procedures.

I confirm that I understand that

1. Successful completion of this Programme will not result in any entitlement to additional remuneration from the Department of Education,
2. No travel or subsistence expenses will be met for participants in the Programme which is the subject of this Circular / application form, and
3. Evidence of having completed Garda vetting is required for participation in the course.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SIGNED** |  |  | **DATE** |  |

|  |
| --- |
|  |
| **Please see above for details of how to apply to the college/university of your choice. Please return completed application form, a copy of your Registration Certificate, which may now be downloaded from the website:** [**www.teachingcouncil.ie**](http://www.teachingcouncil.ie)**, and the form completed by the school authorities as outlined to the College/University of your choice.** |
|  |
| **Closing date for completed applications is 15 April 2024** |
|  |
| **Thank you for your cooperation.** |

|  |
| --- |
| **Principals of Mainstream Primary Schools should complete questions 8 (a) to 8 (f)** |
| **8. To be completed by the School Authorities** |

|  |  |  |  |
| --- | --- | --- | --- |
| **(a) Please state** | | | |
| 1. The number of teachers with Special Education Teaching duties |  | | |
| 1. The number of teachers of teachers who have qualifications in Special Education | |  | |
| 1. How many of these teachers referred to at (ii) above are currently working in Special Education | | |  |

|  |  |
| --- | --- |
| **(b) Please state** | |
| The total number of students enrolled in the school |  |

|  |  |
| --- | --- |
| **(c) Please state the number of successful applications for the Special Education course which have been made by your school since 2014?** |  |

|  |  |
| --- | --- |
| **(d) Please state the number of unsuccessful applications for the Special Education course which have been made by your school since 2014?** |  |

|  |  |
| --- | --- |
| **(e) For what years were the applications at 8 (d) above made** |  |

|  |  |
| --- | --- |
| **(f) Please provide the number of SET allocation hours the school has been given for the current year** |  |

**Please note that teachers who will be attending the Course will be released for eight weeks over the academic year for which substitution will be provided.**

**Please note that it will only be possible for the teacher to take up a place or continue on the course if the necessary hours and facilities to enable full participation are provided. It is particularly important that teachers participating in the programme are given a work-load which will permit them to benefit fully from the teacher professional learning being offered.**

**I nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend this post-graduate programme and I confirm that the applicant for this course is a registered teacher in accordance with Section 31 of the Teaching Council Act, 2001-2015.**

**I confirm that the candidate’s workload will permit them to benefit fully from the teacher professional learning being offered and will accord with the criteria in Circular 0019/2024.**

**I confirm that the applicant will be deployed/timetabled for teaching in a special education role for the duration of the programme (September 2024 – May 2025) and in the longer term.**

I confirm that the detail contained within the candidate’s application form is correct, that the information in this application form is correct and, if the above named teacher is given a place on the **Post-Graduate Diploma Programme of Teacher Professional Learning for Special Education Teachers** – **2024/2025** that the Board of Management agrees to release him/her to attend the programme and will fulfil all course requirements as specified in Circular 0019/2024. I undertake to ensure that the required substitution will be put in place in a timely manner and I agree that I will not request the teacher to attend any school event for any reason during block release dates.

A copy of the Teacher Registration Certificate or Confirmation of Registration letter must accompany this form.

|  |  |
| --- | --- |
| **SIGNED** |  |
|  | (Principal) |
| **DATE** |  |
| **COUNTER SIGNED** |  |
|  | (Director/Manager/Chief Executive/Chairperson of the Board of Management) |
| **DATE** |  |

|  |
| --- |
| **Principals of Special Schools should complete questions 9 (a) to 9 (e)** |
| **9. To be completed by the School Authorities** |

|  |  |  |
| --- | --- | --- |
| **(a) Please state** | | |
| 1. The number of teachers in your school |  | |
| 1. The number of teachers who have qualifications in Special Education | |  |

|  |  |
| --- | --- |
| **(b) Please state** | |
| The total number of students enrolled in the school |  |

|  |  |
| --- | --- |
| **(c) Please state the number of successful applications for the Special Education course which have been made by your school since 2014?** |  |

|  |  |
| --- | --- |
| **(d) Please state the number of unsuccessful applications for the Special Education course which have been made by your school since 2014?** |  |

|  |  |
| --- | --- |
| **(e) For what years were the applications at 9 (d) above made** |  |

**Please note that teachers who will be attending the Course will be released for eight weeks over the academic year for which substitution will be provided.**

**Please note that it will only be possible for the teacher to take up a place or continue on the course if the necessary hours and facilities to enable full participation are provided. It is particularly important that teachers participating in the programme are given a work-load which will permit them to benefit fully from the teacher professional learning being offered.**

**I nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend this post-graduate programme and I confirm that the applicant for this course is a registered teacher in accordance with Section 31 of the Teaching Council Act, 2001-2015.**

**I confirm that the candidate’s workload will permit them to benefit fully from the teacher professional learning being offered and will accord with the criteria in Circular 0019/2024.**

**I confirm that the applicant will be deployed/timetabled for teaching in a special education role for the duration of the programme (September 2024 – May 2025) and in the longer term.**

I confirm that the detail contained within the candidate’s application form is correct and that the information in this application form is correct and, if the above named teacher is given a place on the **Post-Graduate Diploma Programme of Teacher Professional Learning for Special Education Teachers 2024/2025**, that the Board of Management agrees to release him/her to attend the programme and will fulfil all course requirements as specified in Circular **0019/2024**. I undertake to ensure that the required substitution will be in place in a timely manner and I agree that I will not request the teacher to attend any school event for any reason during block release dates.

A copy of the Teacher Registration Certificate or a letter of confirmation of registration as provided by the Teaching Council must accompany this form.

|  |  |  |
| --- | --- | --- |
| **SIGNED** |  |  |
|  | (Principal) | |
| **DATE** |  |  |
| **COUNTER SIGNED** |  |  |
|  | (Director/Manager/Chief Executive/Chairperson of the Board of Management) | |
| **DATE** |  |  |

***Data Protection***

***The Department of Education will treat all personal data you provide on this form as confidential and will use them solely for the purpose intended.  The main purpose for which the Department requires the personal data provided by you to relevant colleges is for processing student details attending SEN courses to check eligibility and for processing sanction for substitution purposes.***

***The personal data provided may be exchanged by the College to the Department in line with the scheme.  The privacy notice outlining further information in relation to this form can be found at*** [***https://www.gov.ie/en/publication/d78f2-department-of-education-privacy-notice/***](https://www.gov.ie/en/publication/d78f2-department-of-education-privacy-notice/)

***Full details of the Department's data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available at*** [***https://www.gov.ie/en/publication/d78f2-department-of-education-privacy-notice/***](https://www.gov.ie/en/publication/d78f2-department-of-education-privacy-notice/)

***Details of this policy and privacy notice are also available in hard copy from the address below upon request.***

***Full details of the data protection policy for each college/university providing the programme, setting out how they will use your personal data as well as information regarding your rights as a data subject are available at:***

* ***DCU data privacy link:*** [***https://www.dcu.ie/policies/data-privacy-policy***](https://www.dcu.ie/policies/data-privacy-policy)
* ***MIC data Privacy link:*** [***https://www.mic.ul.ie/privacy-statement***](https://www.mic.ul.ie/privacy-statement)
* ***University of Galway data privacy link:*** [***https://www.universityofgalway.ie/data-protection/staffandstudentresources/policiesandprocedures/***](https://www.universityofgalway.ie/data-protection/staffandstudentresources/policiesandprocedures/)
* ***ATU St Angelas data privacy link:*** [***Student Data Protection - Atlantic Technological University Sligo (itsligo.ie)***](https://www.itsligo.ie/student-data-protection/)
* ***UCC data privacy link:*** [***https://www.ucc.ie/en/gdpr/dataprotectionnotices/student/***](https://www.ucc.ie/en/gdpr/dataprotectionnotices/student/)
* ***UCD data privacy link:*** [***https://www.ucd.ie/privacy/***](https://www.ucd.ie/privacy/)

Teacher Education Section

Cornamaddy

Athlone

Co. Westmeath

N37 X659