Application Form

UCD Graduate Diploma in Inclusive and Special Education

2024-2025

**Application to be used by Department of Education funded applicants only**

* Please ensure that you, your principal and your Board of Management Chairperson have read and acknowledge that you have met the eligibility requirements outlined in the DES Circular 0019/2024 prior to submitting this application to UCD. The circular is available to download from the [Department of Education website](https://www.education.ie/en/Circulars-and-Forms/).
* Please complete electronically either the application form for [Post-Primary Teachers](#Postprimary) or the application form for [Mainstream Primary and Special Schools](#MainstreamPrimaryAndSpecialEducation). Please ensure that you complete the correct application form. A checklist of items required and full submission details can be found on the last page of each application form.
* Return the completed form via email to [**educationenquiries@ucd.ie**](mailto:educationenquiries@ucd.ie) on or before 5pm on April 22nd, 2024.
* Postal applications will not be accepted.
* Handwritten applications will not be accepted. Applications must be completed electronically and submitted in .doc or .pdf format. Please do not submit a jpeg (digital image) or multiple jpegs of the application form as this will be rejected.
* Please ensure that you answer **ALL QUESTIONS** in each section of the form which you are completing, do not leave questions unanswered as it may result in the application not being considered. Ensure that you sign the application form (typed or electronic signatures are both accepted).
* Please ensure that your School Principal completes **ALL QUESTIONS** in their section of the form, do not leave questions unanswered as it may result in the application not being considered. Please ensure that your principal has signed the form and that the form has also been signed by the Chairperson of your school’s BoM.
* Please note that as UCD only has 25 Department funded places on this course annually, we can only accept ONE APPLICATION PER SCHOOL. Please ensure that your principal is aware of this when completing the application.

**UCD Application Form – Post-Primary Teachers – Circular 0019/2024**

**Post-Graduate Diploma Programme of Continuing Professional Development for Special Education Teachers – 2024/2025**

**To be completed by Teachers in Post-Primary Schools or in other Educational Services, e.g., Interventions, Youthreach, Prison Services, etc.**

Please complete and **return to educationenquiries@ucd.ie by 5pm on April 22nd, 2024.**

**Section One: Personal Details**

**Name:** Click or tap here to enter text.

**School:** Click or tap here to enter text.

**Home Address:** Click or tap here to enter text.

**Home Ph:** Click or tap here to enter text.

**Mobile:**Click or tap here to enter text.

**Personal email:**Click or tap here to enter text.

**School Address & Eircode:** Click or tap here to enter text.

**School Roll No:** Click or tap here to enter text.

**School Phone:** Click or tap here to enter text.

**School email:** Click or tap here to enter text.

**Teacher Payroll No:** Click or tap here to enter text.

**Principal**:Click or tap here to enter text.

**Please state Year of fulfilling Induction and PQE requirement:**Click or tap here to enter text.

**Section Two: Registration Details**

**(Per Teaching Council Registration Certificate or Confirmation of Registration letter)\***

**2 (a)** **Teacher Registration Number:**Click or tap here to enter text.

**Education Sector:** Click or tap here to enter text.

*\* NOTE 1: A copy of the* ***Registration Certificate*** *or a* ***Confirmation of Registration letter*** *must accompany this form. Confirmation of Registration letter is available to download from the Registered Teacher Login Facility on the Teaching Council website* [*www.teachingcouncil.ie*](http://www.teachingcouncil.ie) *and can be inserted at the end of this document or sent as a separate attachment.*

**2 (b)** Do you hold current Garda Vetting?\* Yes  No

*\* NOTE 2: You do not need to submit evidence of vetting but must declare whether or not you are currently vetted.* *Should you be offered a place on the course, UCD will require you to complete the Garda vetting process as a UCD student. This is a requirement for participation in this course.*

**Section Three: Current Teaching Position**

**3 (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: \_\_\_\_\_\_\_\_\_\_\_\_\_

**3 (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 Hours in Mainstream |  | Ex-quota Special Education Teacher |  |
| Special Education Teacher |  | Teacher in Special Class |  |
| Teacher in Special School |  |  |  |
| Other  Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |

**3 (c) Please state:**

* Your total number of years teaching: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of years teaching in your present school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* When were you appointed to your present SET

post/hours? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Have you been given timetabled hours for Special

Educational Teaching work for the current year? Yes  No

If yes, please state the number of hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3 (d) Please state:**

Number of students you are currently teaching in your capacity as indicated at **3 (c)** above: \_\_\_\_\_\_\_\_\_\_\_\_\_

**3 (e) Please state:**

Number of timetabled hours you teach in mainstream classes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3 (f)** Have you been given timetabled hours for **Special Education Teaching** work for **2024/2025?**

Yes  No

If yes, please state the number of hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3 (g)** For the school year 2024/2025, how many hours per week will you be timetabled in the following areas of

work:

|  |  |
| --- | --- |
| **Area of Work** | **Number of hours per week** |
| Special Class (include designation of special class):Click or tap here to enter text. | Click or tap here to enter text. |
| Withdrawal Work | Click or tap here to enter text. |
| Team-Teaching | Click or tap here to enter text. |
| Consultation with Colleagues/Parent/Others (please specify): Click or tap here to enter text. | Click or tap here to enter text. |
| Other (please specify):Click or tap here to enter text. | Click or tap here to enter text. |

**If your timetable has not yet been drawn up, please confirm with your principal that it will accord with the criteria in the accompanying circular:**

**I have certified with my Principal that this will be the case: Yes:**   **No:**

**3 (h)** 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** |
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**Section Four: 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** |
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**Section Five: Previous Teaching Experience**

**5 (a)** Number of years teaching mainstream classes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Name and Address of School(s)** | **Dates** |
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**5 (b)** Prior to taking up your current position, please state number of years in:

Special Schools \_\_\_\_

Special Classes \_\_\_\_

Special Education \_\_\_\_

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total**  \_\_\_\_

|  |  |
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**5 (c)** Please provide details of any other relevant experience in educational settings e.g. subjects you currently teach:

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

**Section Six: Previous Professional Development courses attended**

**(e.g. Induction, SESS/NCSE, other CPD)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name & Dates of Professional**  **Development Course** | **Duration** | **Grade/Class**  **(if any)** | **Subject(s)** | **Year of Completion of Professional**  **Development Course** | **Accrediting Body** |
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**Section Seven: Details of other applications made**

**7 (a)** Have you previously applied for the Special Education Course? Yes  No

If yes: What year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which College/University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7 (b)** Have you applied to other Colleges/Universities for the 2024/2025 Programme?\* Yes  No

If yes: Which College/University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please note that UCD only has 25 Department funded places annually on this programme and these places are oversubscribed annually so we understand why applicants may choose to apply to multiple colleges.*

I have read the description of the programme of continuing professional development as 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,

1. no travel or subsistence expenses will be met for participants in the Programme which is the subject of this Circular / application form, and
2. should I be offered a place on the course, UCD will require me to complete the Garda vetting process as a UCD student. This is a requirement for participation in this course.

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

***NOTE: Electronic or Typed signatures will be accepted.***

**Please ask your principal to complete Section Eight**

**Questions 8(a) to 8(f).**

**Section Eight: To be completed by the School Authorities**

***Principals of Post-Primary Schools should complete questions 8 (a) to 8 (f).***

**8 (a)** Please state:

1. The number of teachers with Special Education Teaching duties: \_\_\_\_\_\_
2. The number of teachers who have qualifications in Special Education: \_\_\_\_\_\_

(iii) How many of these teachers referred to at (ii) above are currently working in Special Education:\_\_\_

**8 (b)** Please state:

1. The number of students in Junior Cycle (2024/25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ii) The number of students in Senior Cycle (2024/25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(iii) The number of students in Educational Service (2024/25) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8 (c)** Please state the number of successful applications for the Special Education course which have been made by your school since 2013\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8 (d)** Please state the number of unsuccessful applications for the Special Education course which have been made by your school since 2013\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8 (e)** For what years were the applications at 8 (d) above made \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Please attach a copy of the applicant’s **2024/2025 timetable** incorporating the designated Special Education Teaching hours. If it is not available please forward a copy, when completed, to [educationenquiries@ucd.ie](mailto:educationenquiries@ucd.ie)

**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 continuing professional development being offered.**

I nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend this post-graduate programme and I confirm that the applicant for this combined 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 continuing professional development being offered and will accord with the criteria in Circular: 0019/2024.**

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 Continuing Professional Development 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 (downloadable from www.teachingcouncil.ie).**

**SIGNED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Principal)

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUNTER SIGNED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Director/Manager/Chief Executive/Chairperson of the Board of Management)

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE: Electronic or Typed signatures will be accepted provided the signee has given their permission for their signature to be used for this purpose.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**SUBMISSION OF POST-PRIMARY APPLICATIONS TO UCD**

*The below checklist items should be emailed to* [*educationenquiries@ucd.ie*](mailto:educationenquiries@ucd.ie) *on or before the closing date (5pm on April 22nd, 2024)*

**Checklist**

* The fully completed Post-Primary application form (Sections 1-8)
* A copy of the applicant’s Registration Certificate (downloadable from [www.teachingcouncil.ie](http://www.teachingcouncil.ie))
* A copy of the applicant’s 2024/2025 timetable incorporating the designated Special Education Teaching hours (if available)

**Postal applications to UCD will not be accepted.**

**Handwritten applications will not be accepted.**

**Applications must be completed electronically and submitted in .doc or .pdf formats. JPEGS (digital images) will not be accepted.**

**Ensure that all questions have been answered in each applicable section and that the form has been fully signed by the applicant, principal and chairperson of the BoM.**

*Thank you for your cooperation in completing this application form.* *[Data Protection Information](#DataProtection) can be found on the last page of this document.*

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

**Post-Graduate Diploma Programme of Continuing Professional Development for Special Education Teachers – 2024/2025**

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

Please complete and **return to educationenquiries@ucd.ie by 5pm on April 22nd, 2024.**

**Section One: Personal Details**

**Name:** Click or tap here to enter text.

**School:** Click or tap here to enter text.

**Home Address:** Click or tap here to enter text.

**Home Ph:** Click or tap here to enter text.

**Mobile:**Click or tap here to enter text.

**Personal email:**Click or tap here to enter text.

**School Address & Eircode:** Click or tap here to enter text.

**School Roll No:** Click or tap here to enter text.

**School Phone:** Click or tap here to enter text.

**School email:** Click or tap here to enter text.

**Teacher Payroll No:** Click or tap here to enter text.

**Principal**:Click or tap here to enter text.

**Please state Year of fulfilling Induction and PQE requirement:**Click or tap here to enter text.

**Section Two: Registration Details**

**(per Teaching Council Registration Certificate or per Confirmation of Registration letter)\***

**2 (a)** **Teacher Registration Number:**Click or tap here to enter text.

**Education Sector:** Click or tap here to enter text.

*\* NOTE 1: A copy of the* ***Registration Certificate*** *or a* ***Confirmation of Registration letter*** *must accompany this form. Confirmation of Registration letter is available to download from the Registered Teacher Login Facility on the Teaching Council website* [*www.teachingcouncil.ie*](http://www.teachingcouncil.ie) *and can be inserted at the end of this document or sent as a separate attachment.*

Do you hold current Garda Vetting?\* Yes  No

*\* NOTE 2: You do not need to submit evidence of vetting but must declare whether or not you are currently vetted.* *Should you be offered a place on the course, UCD will require you to complete the Garda vetting process as a UCD student. This is a requirement for participation in this course.*

**Section Three: Current Teaching Position**

**3 (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: \_\_\_\_\_\_\_\_\_\_\_\_\_

**3 (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: Click or tap here to enter text.

**3 (c)** Please state:

* + Your total number of years teaching \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Number of years teaching in your present school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + When were you appointed to your present SET

post/hours? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3 (d)** Please state:

Number of students you are currently teaching in your capacity as indicated at **3 (c)** above: \_\_\_\_\_\_\_\_\_\_\_\_\_

**3 (e)** Number of years teaching mainstream classes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3 (f)** Please state name, address, roll numbers and DEIS category (if any) of all the schools in which you currently teach, where applicable:

|  |  |  |  |
| --- | --- | --- | --- |
| **School Name** | **Address** | **Roll Number** | **DEIS category** |
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**Section Four: Professional or other qualifications held**

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| --- | --- | --- | --- | --- | --- |
| **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** |
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**Section Five: Previous Teaching Experience**

**5 (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 and Address of School(s)** | **Please specify teaching role** | **Dates** |
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**5 (b)** Please provide details of any other relevant experience in educational settings:

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

**Section Six: Previous Professional Development courses attended**

**(e.g. Induction, SESS/NCSE, other CPD)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name & Dates of Professional**  **Development Course** | **Duration** | **Grade/Class**  **(if any)** | **Subject(s)** | **Year of Completion of Professional**  **Development Course** | **Accrediting Body** |
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**Section Seven: Details of other applications made**

**7 (a)** Have you previously applied for the Special Education Course? Yes  No

If yes, what year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, which College/University? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7 (b)** Have you applied to other Colleges/Universities for the 2024/2025 Programme? Yes  No

If yes, which College/University? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please note that UCD only has 25 Department funded places annually on this programme and these places are oversubscribed annually so we understand why applicants may choose to apply to multiple colleges.*

I have read the description of the programme of continuing professional development as set out in Circular 0019/2024 and I agree to attend, in full, the course for which I am making application and 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,

1. no travel or subsistence expenses will be met for participants in the Programme which is the subject of this Circular / application form, and
2. should I be offered a place on the course, UCD will require me to complete the Garda vetting process as a UCD student. This is a requirement for participation in this course.

**SIGNED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE: Electronic or Typed signatures will be accepted.***

**Please ask your principal to complete:**

**Section Eight**

Questions 8(a) to 8(f) [MAINSTREAM PRIMARY SCHOOL]

**or**

**Section Nine**

Questions 9(a) to 9(e) [SPECIAL SCHOOL]

**Section Eight: To be completed by the School Authorities**

***Principals of Mainstream Primary Schools should complete questions 8 (a) to 8 (f).***

**8 (a)** Please state:

(i) The number of teachers with Special Education duties\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ii) The number of teachers who have qualifications in Special Education\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(iii) How many of these teachers referred to at (ii) above are currently working in Special Education? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8 (b)** Please state total number of students enrolled in the school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8 (c)** Please state the number of successful applications for the Special Education course which have been made by your school since 2013\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8 (d)** Please state the number of unsuccessful applications for the Special Education course which have been made by your school since 2013\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8 (e)** For what years were the applications at 8 (d) above made:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8 (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 continuing professional development 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 continuing professional development being offered and will accord with the criteria in Circular 0019/2024**

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 Continuing Professional Development 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 a letter of confirmation of registration as provided by the Teaching Council must accompany this form (downloadable from www.teachingcouncil.ie).**

**SIGNED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Principal)

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUNTER SIGNED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Director/Manager/Chief Executive Officer/Chairperson of the Board of Management)

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE: Electronic or Typed signatures will be accepted provided the signee has given their permission for their signature to be used for this purpose.***

***­­­­­­­­­­***

**SUBMISSION OF MAINSTREAM PRIMARY APPLICATIONS TO UCD**

*The below checklist items should be emailed to* [*educationenquiries@ucd.ie*](mailto:educationenquiries@ucd.ie) *on or before the closing date (5pm on April 22nd, 2024)*

**Checklist**

* The fully completed Mainstream Primary & Special School Teachers application form (Sections 1-8)
* A copy of the applicant’s Registration Certificate (downloadable from [www.teachingcouncil.ie](http://www.teachingcouncil.ie))
* A copy of the applicant’s 2024/2025 timetable incorporating the designated Special Education Teaching hours (if available)

**Postal applications to UCD will not be accepted.**

**Handwritten applications will not be accepted.**

**Applications must be completed electronically and submitted in .doc or .pdf formats. JPEGS (digital images) will not be accepted.**

**Ensure that all questions have been answered in each applicable section and that the form has been fully signed by the applicant, principal and chairperson of the BoM.**

*Thank you for your cooperation in completing this application form.*

[*Data Protection Information*](#DataProtection) *can be found on the last page of this document.*

**Section Nine: To be completed by the School Authorities**

***Principals of Special Schools should complete questions 9 (a) to 9 (e).***

**9 (a)** Please state:

(i) The number of teachers in your school \_\_\_\_\_\_\_\_\_\_\_\_

(ii) The number of teachers who have qualifications in Special Education \_\_\_\_\_\_\_\_\_\_\_\_

**9 (b)** Please state total number of students enrolled in your school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9 (c)** Please state the number of successful applications for the Special Education course which have been made by your school since 2013 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9 (d)** Please state the number of unsuccessful applications for the Special Education course which have been made by your school since 2013 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9 (e)** For what years were the above 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 continuing professional development being offered.**

I nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend this post-graduate programme and I confirm that the applicant for this combined 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 continuing professional development being offered and will accord with the criteria in Circular 0019/2024.**

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 **Post-Graduate Diploma Programme of Continuing Professional Development 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 (downloadable from www.teachingcouncil.ie).**

**SIGNED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Principal)

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUNTER SIGNED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Director/Manager/Chief Executive/Chairperson of the Board of Management)

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE: Electronic or Typed signatures will be accepted provided the signee has given their permission for their signature to be used for this purpose.***

**SUBMISSION OF SPECIAL SCHOOL TEACHER APPLICATIONS TO UCD**

*The below checklist items should be emailed to* [*educationenquiries@ucd.ie*](mailto:educationenquiries@ucd.ie) *on or before the closing date (5pm on April 22nd, 2024)*

**Checklist**

* The fully completed Mainstream Primary & Special School Teachers application form (Sections 1-7 and Section 9)
* A copy of the applicant’s Registration Certificate (downloadable from [www.teachingcouncil.ie](http://www.teachingcouncil.ie))
* A copy of the applicant’s 2024/2025 timetable incorporating the designated Special Education Teaching hours (if available)

**Postal applications to UCD will not be accepted.**

**Handwritten applications will not be accepted.**

**Applications must be completed electronically and submitted in .doc or .pdf formats. JPEGS (digital images) will not be accepted.**

**Ensure that all questions have been answered in each applicable section and that the form has been fully signed by the applicant, principal and chairperson of the BoM.**

*Thank you for your cooperation in completing this application form.* [*Data Protection Information*](#DataProtection) *can be found on the last page of this document.*

***Data Protection***

***University College Dublin and 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 UCD 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 UCD 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.education.ie/en/The-Department/Data-Protection/gdpr/***](https://www.education.ie/en/The-Department/Data-Protection/gdpr/)**.**

***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.education.ie/en/The-Department/Data-Protection/***](https://www.education.ie/en/The-Department/Data-Protection/)***.***