Mainstream Primary and Special School Application Application Form

UCD Graduate Diploma in Inclusive and Special Education 2025-2026

**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 [0034/2025](https://www.gov.ie/en/department-of-education/circulars/post-graduate-diploma-programme-of-teacher-professional-learning-for-special-education-teachers-20252026/) prior to submitting this application to UCD. The circular is available to download from the Department of Education website.

• Please complete electronically either the application form for **Post-Primary Teachers**

or the application form for **Mainstream Primary and Special Schools**. 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 and upload to the UCD Applications Portal on or before 5pm on June 5th 2025. For any queries please email educationenquiries@ucd.ie

• 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 being rejected. 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 being rejected. 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 – Mainstream Primary & Special School Teachers – Circular 0034/2025**

| **Post-Graduate Diploma Programme of Continuing Professional Development for Special Education Teachers – 2025/2026** |
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**To be completed by Teachers in Mainstream Primary and Special Schools**

Please complete and **upload to UCD Application system by 5pm June 5th 2025**

**Section One: Personal Details**

| **Name:** |
| --- |
| **School:** |
| **Home Address:** |
| **Home Ph:** |
| **Mobile:** |
| **Personal email:** |
| **School Address & Eircode:** |
| **School Roll No:** |
| **School Phone:** |
| **School email:** |
| **Teacher Payroll No:** |
| **Principal**: |
| **Please state Year of fulfilling Induction and PQE requirement:** |
|  |

**Section Two: Registration Details**

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

| **2 (a) Teacher Registration Number:** |
| --- |
| **Education Sector:** |

*\* 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 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 2025/2026 (*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: |
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**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**

| **College,**  **University**  **or other**  **Awarding**  **Body** | **Dates of**  **Degree or**  **attendance**  **other**  **and whether**  **Qualifications**  **full-time or**  **obtained/to**  **be obtained**  **part-time** | **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**  **Please specify teaching**  **School(s)**  **role** | **Dates** |
| --- | --- |
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**5 (b)** Please provide details of any other relevant experience in educational settings: 6 weeks substitute teacher in a SET role in a mainstream school. My first and second year teaching was in a mainstream class with a high level of SEN need. My passion for this compelled me to work in a special school setting once I returned to Ireland.

**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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(b)** Have you applied to other Colleges/Universities for the 2025/2026 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 0034/2025 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,

(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) 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] |
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**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 0034/2025**

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** – **2025/2026**, that the Board of Management agrees to release him/her to attend the programme and will fulfill all course requirements as specified in Circular 0034/2025 . 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 uploaded to the UCD application system on or before the closing date (5pm on June 5th 2025)*

*For any queries please contact educationenquiries@ucd.ie*

**Checklist**

| o The fully completed Mainstream Primary & Special School  Teachers application form (Sections 1-7 and Section 9)  o A copy of the applicant’s Registration Certificate (downloadable from www.teachingcouncil.ie)  o A copy of the applicant’s 2025/2026 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*](https://www.ucd.ie/gdpr/dataprotectionoverview/dataprotectionprinciplesapplications/) *can be found on the link provided.*

***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/*.**

***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/.***