Mary Immaculate College, South Circular Road, Limerick, V94VN26 ([www.mic.ul.ie](http://www.mic.ul.ie))

This programme, which is provided by the Department of Educational Psychology, Inclusive and Special Education, leads to the award of a Postgraduate Diploma in Inclusive Special Education, accredited by the University of Limerick. The course runs from September 2024 to May 2025 and involves block release from school/centre for designated periods (for a total of eight weeks over the academic year), four Saturdays on campus, and supervised work in teachers’ own schools/centres. The course incorporates blended delivery approaches and teachers will require access to broadband and a computer. Further details, and a link to the online application process are available at: <https://www.mic.ul.ie/faculty-of-education/programme/graduate-diplomam-ed-in-special-education> and applications must be emailed to [PGDISE@mic.ul.ie](mailto:PGDISE@mic.ul.ie). All applicants should apply using the online application form and have all required information available prior to commencing the online application process. Contact details are available in Appendix 2.

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

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

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| **To be completed by Teachers in Post-Primary Schools or in other Educational Services, e.g., Interventions, Youthreach, Prison Services, etc.**  **Please see details below on how to apply to the College/University of your choice by**  **15 April 2024.** |

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| |  | | --- | | **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) | |
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| **1. Personal Details** | | | | | |
| Name |  |  | School |  | |
| Home Address: |  |  | School Address & Eircode | |  |
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| 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 PQE requirement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **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: |  | |
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| If employed in a part time capacity, for how many hours are you employed? | |  |
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| **(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** |
| Special Education Hours in Mainstream |  |
| Special Education Teacher |  |
| Ex-quota Special Education Teacher |  |
| Teacher in Special Class |  |
| Teacher in Special School |  |
| Other, please specify: |  |

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| **(c) Please state** | | | | |
| Your total number of years teaching | |  | | |
| Number of years teaching in your current 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? | | | | |
| (please state the number of hours) |  | | | |

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

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| **(e) Please state** | |
| Number of timetabled hours you teach in mainstream classes |  |

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| **(f) Please state** | | |
| Have you been given timetabled hours for **Special Education Teaching** work for **2024/2025** | |  |
| If yes, please state the number of hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| **(g) For the school year 2024/2025, how many hours per week will you be timetabled in the following areas of work:** | | |
| Special Class (include designation of special class) |  | |
| Withdrawal support |  | |
| In class support |  | |
| Collaboration with Colleagues/Parent/Others (please specify) |  | |
| Other (please specify) |  | |

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| **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** |  |

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| (**h) Please state name, address and roll numbers of all the schools in which you currently teach, where applicable:** | | | |
| Name | Address | Roll Number | DEIS School |
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| **4. Professional or other qualifications held:** |
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| **College, University or Other Awarding Body:** |
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| **Dates of Attendance and Whether Full-Time or Part-Time:** |
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| **Degree or Other Qualifications obtained or to be obtained:** |
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| **Grade/Class (if any):** |
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| **Subject(s):** |
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| **Date of Award:** |
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| **5. Previous Teaching Experience** |
| **(a) Number of Years Teaching Mainstream Classes** |
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| **(b) Prior to taking up your current position, please state number of years in:** | | | | | |
| Special Schools |  |  | Special Classes |  | |
| Special Education |  |  |
| Other |  | | | | |
| Total |  | | | | |
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| Name & Address of School(s) | | | | | Dates |
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| **(c) Please provide details of any other relevant experience in educational settings e.g. subjects you currently teach:** |
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| **6. Previous Professional Development courses attended (e.g. Induction, SESS/NCSE, other teachers’ professional learning)** |
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| **Name & Dates of Professional Development Course** |
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| **Duration** |
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| **Grade/Class (if any):** |
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| **Subject(s):** |
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| **Year of Completion of Professional Development Course** |
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| **Accrediting Body** |
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| **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.

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| **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.** | | | | |
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| **Closing date for completed applications is 15 April 2024** | | | | |
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| **Thank you for your cooperation.** | | | | |