**Post-Graduate Diploma Programme of Teacher Professional Learning For Special Education Teachers, 2025/2026**

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

**To be completed by the School Authorities and uploaded with online application.**

**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 2015

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

**8 (d)** Please state the number of unsuccessful applications for the Special Education course which have been made by your school since 2015

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

**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 academic 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 workload 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 0035/2025.**

**I confirm that the applicant will be deployed/timetabled for teaching in a special education role for the duration of the programme (September 2025 – May 2026) 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** – **2025/2026** that the Board of Management agrees to release him/her to attend the programme and will fulfil all course requirements as specified in Circular 0035/2025. 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 Officer/Chairperson of the Board of Management)

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