



NCGE Whole School Guidance Planning Programme

APPLICATION FORM

PLEASE INDICATE THE MODULE THAT YOU ARE APPLYING FOR:

Module 1: Reviewing Whole School Guidance Module 2: Action Planning Module 3: Evaluation

YOUR DETAILS: PLEASE COMPLETE THIS SECTION IN FULL

Name: _____
Home Address: _____

Preferred email for correspondence _____
Second email (if applicable) _____
Phone number (work) _____
Phone number (Home) _____
Mobile number _____

Qualification in Guidance

Award title _____ Year of award: _____
Institution _____

If your qualification in guidance is one other than listed in Circular PPT 12/05, please provide evidence that this qualification has been approved by the Department of Education and Skills for working in a post-primary school or College of Further Education (CFE). Please state the alternative qualification you hold below.

Qualification other than Guidance

Award title _____ Year of award: _____
Institution _____
Years working as a guidance counsellor _____

EMPLOYER'S DETAILS: PLEASE COMPLETE THIS SECTION IN FULL

School/CFE Name: _____
Vocational Community or
Comprehensive Voluntary
Secondary College of Further Private
Education (CFE)

School/CFE Address: _____

School/CFE Roll number: _____ School/CFE Enrolment: _____
Please indicate if you work between two schools Yes No

Second School/CFE Name: _____
Second School/CFE Address: _____

School/CFE Roll number: _____ School/CFE Enrolment: _____
Please indicate the school in which you will be taking the module _____

YOUR SKILLS AND KNOWLEDGE: PLEASE COMPLETE THIS SECTION IN FULL

Please tick below as appropriate

I state that I:

Yes

No

- Have access to a computer and the internet
- Am IT literate i.e. am proficient in using Microsoft Office applications, the internet and email
- Have a current active email address

Please indicate the internet connection available to you

ISDN line

Broadband

Please outline your experience to date in preparing a school guidance plan. In this overview you should include the following: the work undertaken to date by the school in relation to guidance planning, your role to date in the planning process, the next steps that the school needs to take.

Have you previously attended in-service training on guidance planning?

Yes

No

If yes please indicate:

Workshop/Presentation title:

Date:

If you are applying for Module 2, please indicate if you participated in Module 1

Yes

No

If yes please indicate when:

- | | | | | | |
|------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| Sept 2005 <input type="checkbox"/> | Feb 2006 <input type="checkbox"/> | Sept 2006 <input type="checkbox"/> | Feb 2007 <input type="checkbox"/> | Sept 2007 <input type="checkbox"/> | Feb 2008 <input type="checkbox"/> |
| Sept 2008 <input type="checkbox"/> | Feb 2009 <input type="checkbox"/> | Sept 2009 <input type="checkbox"/> | Feb 2010 <input type="checkbox"/> | Sept 2010 <input type="checkbox"/> | Feb 2011 <input type="checkbox"/> |

Please indicate centre location

- Athlone Cork Dublin Galway Limerick

YOUR EXPECTATIONS ABOUT THE MODULE: PLEASE COMPLETE THIS SECTION IN FULL

Reasons for undertaking the module

Expectations on completion of the module

ACCREDITATION: PLEASE COMPLETE THIS SECTION IN FULL

The programme is accredited by HETAC. The following information is required to register you with HETAC:

Date of Birth

Country of Birth _____

Gender Female Male

Personal Public Service Number (PPSN)

LOCATION: PLEASE COMPLETE THIS SECTION IN FULL

Please indicate the region(s) of the country in which you would be willing to participate on the Module. This information will assist the NCGE in determining suitable locations for the Programme.

North East East South East South South West
West North West North Midlands

PLEASE NOTE THAT IT IS NCGE'S EXPERIENCE THAT GUIDANCE COUNSELLORS WHO ARE ALREADY ENROLLED ON A PROGRAMME OF STUDY AND UNDERTAKE THE NCGE MODULE AT THE SAME TIME HAVE DIFFICULTY COPING WITH THE WORKLOAD OF THE MODULE. NCGE STRONGLY ADVISES THAT GUIDANCE COUNSELLORS IN THIS SITUATION CONSIDER APPLYING FOR THE MODULE AT A LATER DATE.

SIGNATURES: PLEASE COMPLETE THIS SECTION IN FULL

I certify that the information provided in this application form is accurate and a true account of my knowledge, skills and competences.

Your Signature: _____

Date: _____

Please note that approval from your Principal/Manager(s) is required for participation on the Module including attendance at the three workshops.

Principal/Managers Signature: _____

Principal/Managers Name: _____

PLEASE RETURN COMPLETED APPLICATION FORMS BY POST TO

Whole School Guidance Planning Programme
NCGE
1st Floor
42-43 Prussia Street
Dublin 7

Tel: 353-1-8690715
Fax: 353-1-8823817

Closing Date for receipt of applications is
Monday, 28th March 2011

LATE APPLICATIONS MAY NOT BE CONSIDERED