



NCGE Whole School Guidance Planning Programme

APPLICATION FORM

LATE APPLICATIONS MAY NOT BE CONSIDERED

PLEASE INDICATE THE MODULE THAT YOU ARE APPLYING FOR:

Module 1: Reviewing Whole School Guidance

Module 2: Action Planning

YOUR DETAILS: Please complete this section in full

Name: _____

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 Science for working in a post-primary school. Please state the alternative qualification you hold below.

Qualification other than guidance: _____

Title: _____ Institution: _____ Year awarded: _____

How many years have you been working as a guidance counsellor? _____

EMPLOYER'S DETAILS: Please complete this section in full

School Name: _____

School Address: _____

School Roll no: _____ School Enrolment: _____

School Type: Vocational Community/Comp. Voluntary Secondary Private

Please indicate if you work between 2 schools: Yes No

Second School Name: _____

Second School Address: _____

School Roll no: _____

Please indicate the school in which you will be undertaking 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| • Am IT literate i.e. am proficient in using Microsoft Office applications, the internet and email | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have a current active email address | <input type="checkbox"/> | <input type="checkbox"/> |

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 any 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"/> | | |

Please indicate centre:

- | | | | | |
|----------------------------------|-------------------------------|---------------------------------|---------------------------------|-----------------------------------|
| Athlone <input type="checkbox"/> | Cork <input type="checkbox"/> | Dublin <input type="checkbox"/> | Galway <input type="checkbox"/> | Limerick <input type="checkbox"/> |
|----------------------------------|-------------------------------|---------------------------------|---------------------------------|-----------------------------------|

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: M F 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:

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

This information will assist the NCGE in determining suitable locations for the Programme.

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.

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/Manager(s) Name (block letters): _____

Principal/Manager(s) Signature(s): _____

Please return completed application forms by post (faxed applications will not be considered) to NCGE