**SPECIAL EDUCATION SUPPORT SERVICE (SESS) CONTINTUING PROFESSIONAL DEVELOPMENT**

**APPLICATION FORM**

Deafness an Introduction – One Day Seminar

An Introductory Course for Primary and Post-Primary Teachers of Deaf / Hard of Hearing Students

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ALL DETAILS MUST BE PROVIDED FOR APPLICATION TO BE PROCESSED – PLEASE TYPE OR PRINT CLEARLY | | | | | | | | | | | | | | | | | |
| ***Date of Course applied for*** |  | | | | | | | | | ***Venue*** | | |  | | | | |
| ***Teacher Name*** |  | | | | | | | | | | | | | | | | |
| ***Teacher Payroll No.*** |  | | | | | | ***Teaching Council No.*** | | | | | |  | | | | |
| ***Mobile No.*** | | | |  | | | | | | | | | | | | | |
| ***E-mail Address to which confirmation will be sent (****type or print clearly****)*** | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| ***Type of School***  ***(Please mark one)*** | | ***Primary School*** | | | |  | | ***Post Primary School*** | | |  | | | | ***Special School*** |  | |
| ***School Name*** | |  | | | | | | | | | | | | | | | |
| ***School Address*** | |  | | | | | | | | | | | | | | | |
| ***School Roll Number*** | |  | | | | | | | ***School Phone No.*** | | | | | |  | | |
| ***School Email Address (print)*** | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Indicate the Role(s) you have in the School | | | | | | | | | | | | | | | | | |
| ***Principal/Deputy Principal*** | | |  | | ***Resource Teacher*** | | | | | | |  | | ***Learning Support Teacher*** | | |  |
| ***Mainstream Class Teacher*** | | |  | | ***Special Class Teacher*** | | | | | | |  | | ***Other*** | | |  |
| |  |  | | --- | --- | | *Please confirm the number of students you are currently teaching with a hearing impairment* |  | | | | | | | | | | | | | | | | | | |
| PLEASE NOTE | | | | | | | | | | | | | | | | | |
| * Return of this application form does not guarantee a place on this course * Applicants who are allocated a place will receive confirmation by the email address provided * Email addresses must be typed or printed clearly in order for the application to be processed * All requested details must be provided for the application to be processed. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Please contact the SESS office if you have any special accessibility or other requirements for the course | | | | | | | | | | | | | | | | | |

**Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Please return Application Form to: |
| Special Education Support Service, Cork Education Support Centre, The Rectory, Western Road, Cork.  Tel: 021 4254241 |