

**Post-Graduate Certificate/Diploma Programme of Teacher Professional Learning in Special Educational Needs (Autism) for Teachers – 2025/2026**

To be completed by the School Authorities and uploaded to online application as per instructions provided.

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. I confirm that the information in this application form is correct and if the above named teacher is given a place on this Post-Graduate Certificate/Diploma Programme of Teacher Professional Learning in Special Educational Needs (Autism) for 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 0022/2025.

I confirm that the above-named teacher is, or will be, working with students with autism for the duration of the Programme, that his/her workload will permit him/her to benefit fully from the teacher professional learning being offered and will accord with the criteria in Circular 0022/2025.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Principal)

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

COUNTER SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Director/Manager/Chief Executive/Chairperson of the Board of Management)

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