Think about Teaching

Foundation Course for Initial Teacher Education

Application Form, 2020

Closing Date for Submissions: Friday, April 24th, 2020 (5pm)



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| **1. ABOUT YOU** |

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| **Surname:** |  |
| **First Name(s):** |  |

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| --- | --- | --- | --- |
| **Date of Birth:** | Day | Month | Year |

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| --- | --- | --- | --- | --- |
| **Gender:**  **(Please tick✓)** | Female | Male | Gender Non-Binary | Prefer not to say |

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| **Current Address – Home Address** |
| Number of House: |
| Address Line 1: |
| Address Line 2: |
| Address Line 3: |
| Area or Town |
| County |
| Eircode (if known) |

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| **Correspondence Address** |
| House Name: |
| Number of House: |
| Address Line 1: |
| Address Line 2: |
| Address Line 3: |
| Address Line 4: |
| Area or town: |
| County: |
| Eircode (if known) |

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| **Contact Details** |
| Phone: |
| Email Address: |
| CAO Number (if applicable): |

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| **2. THINK ABOUT TEACHING STRANDS** |

**Before deciding on what strands of Think About Teaching you would like to apply for, please consider the following:**

* Applicants wishing to undertake the Primary Teaching Stream must have had some Irish language experience prior to application.
* Students wishing to undertake the Science/Maths Secondary Stream must have studied maths up to Junior Certificate level, or its equivalent.

In order of preference, please tick which type of teacher you would like to study to become, with 1 being your first preference, 2 being your second preference and 3 your third.

Please note, that you do not need to number all boxes, only number those teaching options you are interested in.

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| --- | --- |
| Primary School Teacher Strand |  |
| Secondary School Teacher Strand – Maths or/and Science Subjects |  |
| Secondary School Teacher Strand – All other Subjects |  |

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| **3. PERSONAL STATEMENT** |

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| **The title of the course you are applying for is ‘Think about Teaching’. In 500 words tell us why you want to be a teacher.**  **If typing your response, please expand the box as necessary** |

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| **4. STATUS** |

The Think about Teaching Foundation Course is targeting specific groups which are currently under-represented in initial teacher education. Could you please tick all that apply to you:

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| Mature Student (+23) |  |
| Currently, or was, in the Care of the State |  |
| Currently Studying, or was Studying in a College of Further Education |  |
| Currently Studying, or was Studying, on a Vocational or Applied Leaving Cert Track or Youth Reach or Community Training Centre Course |  |
| Parenting Alone |  |
| Migrant |  |
| Traveller |  |
| Attended a DEIS School or a School in the School Completion Programme  AND/OR  Parent occupation is manual (hourly wage, unemployed e.g. waiter, cleaner), skilled or semi-skilled (e.g. builder, carpenter, beautician)  AND/OR  Would be the first in your family to attend university  AND/OR  Your own occupation is manual (hourly wage, unemployed e.g. waiter, cleaner), skilled or semi-skilled (e.g. builder, carpenter, beautician)  AND/OR  Live in a community with established low progression to higher education (see appendix 1) |  |
| Have a disability or specific learning difficulty |  |

Please add, in the box below, any other information about your status that you would like us to consider in your application.

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| **5. EDUCATION & QUALIFICATIONS** |

Please tick the level of education which applies to you

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| Primary School |  |
| Junior Certificate or Equivalent |  |
| Youth Reach, Leaving Cert Applied or Vocational |  |
| Completed Leaving Certificate |  |
| Completed PLC course |  |
| Completed a short education course (ECDL, creative writing) |  |
| Certificate, Diploma, Degree or Higher |  |

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| **Primary School** | |
| Name of School: | |
| From: | To: |
| Address of School: | |

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| **Second Level Education** | |
| Name of School: | |
| From: | To: |
| Address of School: | |

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| **Post-Secondary Education (if applicable)** | |
| Dates of Attendance (to): | Dates of Attendance (from): |
| Course/College/University Attended: | |
| Course Title: | |
| Qualification Attained (if any): | |
| If other please specify: | |

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| **Leaving Certificate Results in Irish, Maths & English**  **(if applicable)**  **Please note:**   * **There are no minimum Leaving Certificae requirements for this course.** * **For those sitting the Leaving Certificate this year (June, 2020), please fill in the table below** | | | |
| **Year of Leaving Certificate Examination :** | | **Points:** | |
| **SUBJECT** | **LEVEL** | | **GRADE** |
| Irish |  | |  |
| English |  | |  |
| Maths |  | |  |

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| **For those sitting the Leaving Certificate this year (June, 2020), please fill in the subjects and subject level you intend to sit in the Leaving Certificate**  **Please note:**   * **There are no minimum Leaving Certificate requirements for this course.** | |
| **SUBJECT** | **LEVEL** |
| Irish |  |
| English |  |
| Maths |  |

**Please add, in the box below, any other information about your education that you would like us to consider in your application?**

If you have listed the Primary Strand as one of your preferred choices, please refer to your previous experience with Irish language learning in the information you provide.

If you have listed the Secondary Science & Maths Strand as a preferred choice, please refer to your previous experience with science and maths learning in the information you provide.

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| **6. WORK EXPERIENCE** |

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| **Employment History / Work Experience** | |
| Date from: | Date to: |
| Name and Address of Company/Organisation: | Position held: |
| In the space below, outline your responsibilities, the skills you developed and/or experience you gained while working in this position. (maximum of 150 words) | |
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| Date from: | Date to: |
| Name and Address of Company/Organisations: | Position held: |
| In the space below, outline your responsibilities, the skills you developed and/or experience you gained while working in this position (maximum of 150 words). | |
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| **Voluntary Work**  Please give details of any voluntary (unpaid) work you have carried out | |
| Date from: | Date to: |
| Name and Address of Organisation/Company: | Position held: |
| In the space below outline your involvement and how you benefited from your experience (maximum of 150 words). | |
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| --- | --- |
| Date from: | Date to: |
| Name and Address of Organisation/Company: | Position held: |
| In the space below outline your involvement and how you benefited from your experience (maximum of 150 words). | |
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| **7. HOBBIES & INTERESTS**  For example, sports clubs, societies etc. | |
| Date from: | Date to: |
| Name and Address of Club/Society/Organisation: | Detail of activity: |
| Please outline how this experience has contributed to your personal development (maximum of 150 words). | |
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| Date from: | Date to: |
| Name and Address of  Club/Society/Organisation: | Detail of activity: |
| Please outline how this experience has contributed to your personal development (maximum of 150 words). | |
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| **8. ADDITIONAL INFORMATION** |
| **Please include any additional information in support of your application. (Maximum 500 words)** |
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| **TERMS AND CONDITIONS** |
| **If you agree with all the statements below please tick✓ the relevant boxes** |
| 1. I declare that all the information in this form is true, complete and correct in every particular and that the personal statement is my own work. 2. I understand that some of the details on my application may be used for research purposes, These details will be anonymous and my identiy will not be revealed and my name will never be used. 3. I agree that my application and supporting documents may be reviewed by independent assessors and that they will be treated confidentially. 4. I understand that any of the information supplied as part of my application may be subject to verification. I understand that if I have misrepresented myself and/or am found to have given false declaration, I will be ineligible for the Think About Teaching Foundation Course. |

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| **Privacy and Protection of Data** |
| The data collected on this form are being obtained by Maynooth University (MU) for the purposes of application to a course of study at Maynooth University and the related administrative and record-keeping purposes. This data will be stored confidentially and only used for the purposes outlined above. The data will be held for a period of 9 months and then destroyed confidentially in line MU’s personal data retention schedule.  Personal data will not be processed, other than as permitted by law and in line with MU’s Data Privacy Policies. Those providing personal data can exercise their rights under GDPR and the Data Protection Act 2018 by contacting MU’s Data Protection Officer at: [dataprotection@mu.ie](mailto:dataprotection@mu.ie)  Further information is available at MU’s data protection webpage <https://www.maynoothuniversity.ie/data-protecction> |

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| **Declaration** |
| I certify that the information given in this course application is complete and accurate to the best of my knowledge and understand that any misrepresentation may render my application void.  I understand that this application is an expression of interest in the Think About Teaching Foundation Course for which I have applied. It does not constitute a contract.  I understand that the information supplied as part of the application process may be used for compiling general statistical reports and will not identify any individual applicant. |

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| **APPENDIX 1** |

We will use your home address to determine whether you live in an area of urban or rural disadvantage, with established low progrssion to higher education.

Assessors of your application will consult with Pobal Maps (<https://maps.pobal.ie>), which analyse areas with high levels of affluence or disadvantage, to verify this.

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| **REFERENCES** |
| As part of the application process, you are required to request **two** referees to complete and return the referee questionnaire.  Preferably, referees should be people you know in an educational, employment, or voluntary work capacity.  The reference form is a confidential document and referees are asked to complete it digitally, or by hand, and return it directly to [turn2teaching@mu.ie](mailto:turn2teaching@mu.ie) or by post to:  Dr Gareth Burns, Director of Turn to Teaching, Rm 122 School of Education, Department of Adult and Community Education, North Campus, Maynooth University, Co. Kildare.  The referee questionnaires are at the end of the application. |

Re: Application to the *Think about Teaching Foundation Course*

**Referee Form 1**

Dear Referee,

As you are aware, this applicant wishes to apply for a place on the Think about Teaching Foundation Course in Maynooth Universityand has put your name forward as a referee.

I am writing to ask you to complete the attached **Confidential Questionnaire** and return it to us.

The applicant’s completed application form, and this Confidential Questionnaire is reviewed by the Turn to Teaching staff in Maynooth University.

I would like to thank you for taking the time to complete the questionnaire. The information you provide will be of great assistance to us when it comes to selecting students for the courses. We place great importance on the information supplied by the referees and would appreciate your **absolute frankness on each question.** We would also askthat you are not guided by a wish to see the applicant placed on the course but by your **sense of his/her ability to contribute to and benefit from the course**. You will find that the questionnaire covers many areas. You may not feel in a position to answer every question, if this is the case do write this in the comment box.

Please return the questionnaire by **Friday,** **24th  of April 2020.** In the meantime if you should have any queries, do not hesitate to contact me.

Kind Regards,

Dr Gareth Burns,

Director of Turn to Teaching,

Rm 122 School of Education,

Department of Adult and Community Education,

North Campus, Maynooth University, Co. Kildare.

T: +353 1 4747577

E: [Gareth.Burns@mu.ie](mailto:Gareth.Burns@mu.ie)

W: [www.maynoothuniversity.ie/turntoteaching](http://www.maynoothuniversity.ie/turntoteaching)

**Name of Referee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referee Contact Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1**. Rate the applicant’s **potential** for **university study** by marking the appropriate box.

**Perserverence Excellent Poor**

**Past Record of Attendance Excellent Poor**

**Desire to Become a Teacher Excellent Poor**

**Capacity to Benefit from the Course**

**Excellent Poor**

**Potential to Cope with Academic Learning**

**Excellent Poor**

**Please comment on your assessment.** **If you know the applicant through an educational setting, please refer to their engagement with academic learning in your comments.**

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| **If typing your response, please expand the box as necessary:** |

**Referee Questionnaire**

**Name of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Please state how you know the applicant and how you think they will benefit from the course**

**3. What do you think the applicamt would require to succeed on the Think about Teaching Foundation Course?**

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| **4. What contribution will they make to the course?** |
| **5. In what area(s) do you think they might need support?** |

**6. What contribution will the applicant make to the teaching profession?**

Signed: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete this questionnaire. In order to assist us with our decision we may be contacting the referees. Therefore, we would appreciate it if you could give a contact number.

THIS FORM SHOULD BE RETURNED by

**Friday, 24th of April 2020**

to

Dr Gareth Burns,

Director of Turn to Teaching,

Rm 122 School of Education,

Department of Adult and Community Education,

North Campus, Maynooth University, Co. Kildare.

T: +353 1 4747577

E: [Gareth.Burns@mu.ie](mailto:Gareth.Burns@mu.ie) W: [www.maynoothuniversity.ie/turntoteaching](http://www.maynoothuniversity.ie/turntoteaching)

Re: Application to the *Think about Teaching Foundation Course*

**Referee Form 2**

Dear Referee,

As you are aware, this applicant wishes to apply for a place on the Think about Teaching Foundation Course in Maynooth Universityand has put your name forward as a referee.

I am writing to ask you to complete the attached **Confidential Questionnaire** and return it to us.

The completed application form, and this Confidential Questionnaire is reviewed by the Turn to Teaching staff in Maynooth University.

I would like to thank you for taking the time to complete the questionnaire. The information you provide will be of great assistance to us when it comes to selecting students for the courses. We place great importance on the information supplied by the referees and would appreciate your **absolute frankness on each question.** We would also askthat you are not guided by a wish to see the applicant placed on the course but by your **sense of her/his ability to contribute to and benefit from the course**. You will find that the questionnaire covers many areas. You may not feel in a position to answer every question, if this is the case do write this in the comment box.

Please return the questionnaire by **Friday, 24th of April 2020.** In the meantime if you should have any queries, do not hesitate to contact me.

Kind Regards,

Dr Gareth Burns,

Director of Turn to Teaching,

Rm 122 School of Education,

Department of Adult and Community Education,

North Campus, Maynooth University, Co. Kildare.

T: +353 1 4747577

E: [Gareth.Burns@mu.ie](mailto:Gareth.Burns@mu.ie)

W: [www.maynoothuniversity.ie/turntoteaching](http://www.maynoothuniversity.ie/turntoteaching)

**Name of Referee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referee Contact Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1**. Rate the applicant’s **potential** for **university study** by marking the appropriate box.

**Perseverence Excellent Poor**

**Past Record of Attendance Excellent Poor**

**Desire to Become a Teacher Excellent Poor**

**Capacity to Benefit from the Course**

**Excellent Poor**

**Potential to Cope with Academic Learning**

**Excellent Poor**

**Please comment on your assessment.** **If you know the applicant through an educational**

**setting, please refer to their engagement with academic learning.**

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| **If typing your response, please expand the box as necessary** |

**Referee Questionnaire**

**Name of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Please state how you know the applicant and how you think they will benefit from the course**

**3. What do you think he/she would require to succeed on the Think about Teaching Foundation Course in order to ensure success with future studies?**

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| **4. What contributions will they bring to the course?** |
| **5. Where do you think they might need support?** |

**6. What contribution will the applicant make to the teaching profession?**

Signed: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to complete this questionnaire. In order to assist us with our decision we may be contacting referees. Therefore, we would appreciate it if you could give a contact number.

THIS FORM SHOULD BE RETURNED by

**Friday, 24th of April 2020 to:**

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Director, Turn to Teaching,

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T: +353 1 4747577

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