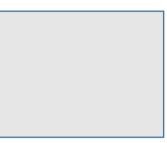


Postgraduate Studies Application Form for <u>Taught</u> Postgraduate Programme: PROFESSIONAL DOCTORATE IN EDUCATIONAL AND CHILD PSYCHOLOGY

Please email completed application form and academic transcripts to: TaughtProgrammes@mic.ul.ie

- Do <u>not</u> use this application form for research postgraduate degrees (i.e. PhD, Structured PhD, or MA by research)
- All questions must be answered. Where appropriate, please put "none". Do not leave blanks or put dashes.
- To be completed by typing using BLACK font
- Insert photograph in the box provided please use a saved photo



APPLICATION TO UNDERTAKE FULL-TIME STUDY LEADING TO THE AWARD OF PROFESSIONAL DOCTORATE IN EDUCATIONAL AND CHILD PSYCHOLOGY

- 1a TITLE
- 1b SURNAME
- 1c SURNAME

(as on birth certificate if different from above)

- 1d FIRST NAMES IN FULL (as on birth certificate)
- 2 STUDENT ID NUMBER (former MIC or UL students only)
- 3 PPS Number (Republic of Ireland students)
- 4 DATE OF BIRTH

 I IDENTIFY MY GENDER AS

5a NATIONALITY

5b COUNTRY OF BIRTH

6 HOME ADDRESS

If your address details change, you must notify us immediately in writing or by email)

- 7 TEL./MOBILE NUMBER/MOBILE
- 8 E-MAIL ADDRESS

Telephone Number

10Have you paid the non-refundable APPLICATION FEE?YesNo(please see MIC website for details)

Payment Ref ID:

11 THIRD LEVEL EDUCATION

| Names and Addresses | Years of study | | | Qualification | Class of | Level of |
|--------------------------|----------------|----|----------------|---------------|----------------|-----------------|
| of Institutions attended | from | to | Specialisation | | Qualification* | Qualification** |
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* including terminal QCA for Mary Immaculate College/UL graduates.

** Under the National Framework of Qualifications.

Examination still to be taken or results pending

IMPORTANT NOTICE TO APPLICANTS WITH QUALIFICATIONS FROM INSTITUTIONS OTHER THAN THE UNIVERSITY OF LIMERICK. PLEASE ARRANGE TO HAVE THE FOLLOWING ORIGINAL MATERIAL EMAILED TO <u>TAUGHTPROGRAMMES@MIC.UL.IE</u>

- A transcript of your academic career to date from the Registrar of your university(s) (to include your final degree(s) results). Please note that MIC will offer <u>conditional</u> offers subject to submission of transcripts, where not available. Transcripts can be emailed to <u>TaughtProgrammes@mic.ul.ie</u> when they become available.
- Official results of examinations to be taken should be emailed to <u>TaughtProgrammes@mic.ul.ie</u> as soon as they are available.

Graduates from universities outside of Ireland may be requested to forward syllabus and duration of undergraduate courses followed.

13 ADDITIONAL LANGUAGES/ PARTICULAR ABILITIES:

Irish Language:

Please tick the box that best describes your proficiency:

No Proficiency

Elementary Proficiency

Limited Working Proficiency

Professional Working Proficiency

Full Professional Proficiency

Native / Bilingual Proficiency

Additional Language - Please specify:

Please tick the box that best describes your proficiency:

No Proficiency

Elementary Proficiency

Limited Working Proficiency

Professional Working Proficiency

Full Professional Proficiency

Native / Bilingual Proficiency

Other Skills and Abilities (special aptitudes, computer languages, ICT proficiency, professional development, courses completed, significant personal achievements).

Reflect on your unique skills, abilities, and achievements. Consider any personal, professional, or academic experiences that demonstrate special aptitudes (e.g., leadership roles, public speaking, or creative problem-solving), ICT proficiency, or personal milestones you are proud of. These can include informal or formal settings.

- 12 Please indicate the posts you have held in reverse chronological order. You may use additional sheets if necessary
 - PRESENT OR MOST RECENT EMPLOYMENT

| DAI | ES | | PART- TIME/FULL- TIME (SPECIFY) | EXACT TITLE OF YOUR POST |
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| FULL NAME AND ADDRESS OF EMPLOYER | | | DYER | |
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(ii) PREVIOUS EMPLOYMENT

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| DATES | | | PART- | EXACT TITLE OF YOUR POST |
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| FULL NAME AND ADDRESS OF EMPLOYER | | | DYER | |
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|-----------------------------------|----|-------------------------------------|---------------------------------|--------------------------|
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| FULL NAME AND ADDRESS OF EMPLOYER | | | DYER | |
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12 Posts Held

Posts Continued

| DAI | ES | TOTAL EMPLOYMENT | PART- TIME/FULL- TIME (SPECIFY) | EXACT TITLE OF YOUR POST |
|-----------------------------------|----|-----------------------|--|--------------------------|
| from | to | DURATION IN MONTHS | | TIME |
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14 PUBLICATIONS AND RESEARCH INTERESTS

(List Publications, Reports and Dissertations with titles, date and subject and, where applicable, Journal title)

If applicable, list any research projects, reports, or publications you have contributed to. These may include coursework, independent research, or workplace projects. For example:

- Title: [Insert Title]
- Date: [Insert Date]
- Subject/Field: [Insert Subject]
- Venue (if published): [Insert Journal or Conference]

If you have not yet had the opportunity to publish, feel free to outline any topics you are passionate about or areas you hope to explore in the future.

15 PERSONAL STATEMENT Compose a personal statement, not exceeding 500 words, on why you wish to train as an educational psychologist, what roles you envisage for an educational psychologist and why you are suited to the **profession**. You may use additional sheets if necessary.

In composing your personal statement, reflect on the following questions:

- What motivated you to pursue a career in educational psychology?
- What skills and experiences have prepared you for this programme?
- What personal qualities make you a good fit for this profession?

You might consider framing your response in three parts:

- 1. Motivation: Why you wish to train as an educational psychologist.
- 2. Preparation: Skills and experiences that have equipped you for this role.
- 3. Vision: Your aspirations for contributing to the field."

Remember, there is no single 'perfect' applicant. We value diverse perspectives, experiences, and pathways into the profession.

- 16 REFEREES: Please provide contact details for two referees:
- (i) Referee 1

NAME:

ORGANISATION:

ROLE/REPORTING RELATIONSHIP:

ADDRESS FOR CORRESPONDENCE:

TEL./MOBILE NUMBER/MOBILE:

E-MAIL ADDRESS:

(ii) Referee 2

NAME:

ORGANISATION:

ROLE/REPORTING RELATIONSHIP:

ADDRESS FOR CORRESPONDENCE:

TEL./MOBILE NUMBER/MOBILE:

E-MAIL ADDRESS:

17 Have you previously applied to MIC or UL to undertake Postgraduate Study? Yes No If "yes" state year and specify programme applied for and name(s) on application

18 Please state how the DEC Psy Programme of Study came to your attention. Please be specific giving title of newspaper, media, webpage, word of mouth, other (please specify).

19 If you wish you may mention any condition of health or disability which could have a bearing on your studies or which requires the provision of special facilities. You may use additional sheets if necessary.

20 Do you hold a full, valid, Driver's Licence? Yes No

21 I affirm that the particulars given in relation to this application are in all respects true and I agree to be bound by the academic regulations of the University

SIGNATURE OF APPLICANT

DATE

Personal information collected by MIC is treated with the highest standards of security and confidentiality in accordance with the General Data Protection Regulations (GDPR). Data collected will be retained in line with MIC's <u>Records Retention Schedule</u>. By completing this form, you are requesting that your information is processed in line with college procedures for the purpose of the Professional Doctorate in Education and Child Psychology Application Form. Your privacy is important to us. For further information and full data privacy notice please click <u>here</u>.