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| APPLICATION FORM FOR AN S.C.G. COMPLETION CERTIFICATE  And  REQUEST FOR THE S.C.G. OFFICE TO TRANSFER YOUR COMPLETION DETAILS TO TEACHING COUNCIL | **SCG** |

**Candidates who have completed all SCG requirements including Gaeltacht requirement are asked to complete this form and forward to the SCG Office at** [**scgocg@protonmail.com**](mailto:scgocg@protonmail.com) **A pdf copy of the Completion Certificate will issue to you in due course from the SCG Office. We will, with your permission forward your completion details directly to Teaching Council so that they may update your registration status.**

**Details that will forward to the Teaching Council are : \*‘YOUR NAME’, ‘TEACHING COUNCIL NUMBER’,’SCG route’ and we will indicate ‘COMPLETE’ after your name.**

**If permission is not given by you to forward details directly to the Teaching Council then a Completion Certificate will issue to you in due course and you will be required to forward the Completion Certificate to the Teaching Council yourself.**

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| **Do you give permission for above details\* to Transfer to the Teaching Council so that they may update your registration status?** | | **YES NO** delete as appropriate | | |
| **YOUR NAME:** | |  | | |
| **Email address:** | |  | | |
| **ADDRESS:** | |  | | |
| **DATE OF BIRTH:** | |  | | |
| **TEACHING COUNCIL NUMBER:** | |  | | |
| **MOBILE PHONE NUMBER:** | |  | | |
| **HOME PHONE NUMBER:** | |  | | |
| **EXAMINATIONS COMPLETED:** | | | | |
| *Please indicate below the academic year(s) in which you passed each individual module and the examination, Easter or Autumn.* | | | | |
|  | | Academic Year Passed | Easter Examination | Autumn Examination |
| Páipéar 1/ Paper 1 | |  | or |  |
| Páipéar 2/’Paper 2 | |  | or |  |
| Triail Chluastuisceana /Aural examination | |  | or |  |
| Scrúdú i Labhairt na Gaeilge/Oral examination | |  | or |  |
|  | | | | |
| **GAELTACHT COURSE ATTENDANCE:** | | | | |
| *You must attach with email Gaeltacht Course attendance certificates (clear copies/pdf ) for each week of attendance.* | | | | |
|  | Gaeltacht Course/College attended | | From: (date) | To: (date) |
| Week 1 |  | |  |  |
| Week 2 |  | |  |  |
| Week 3 |  | |  |  |
|  | | | | |
|  | | | | |
|  | | | | |

**(DO NOT POST THIS FORM)**

**Complete and attach scans/pdf of Gaeltacht Course certificates for weeks completed : You should forward this completed form and all attachments in 1 email only to :**

[**scgocg@protonmail.com**](mailto:scgocg@protonmail.com)