

I wish to apply for the position of Coordinator in the \_\_\_\_\_ Dyslexia Workshop.

- Return completed application form to Maureen Dunne, [maureendunne@dyslexia.ie](mailto:maureendunne@dyslexia.ie) by the closing date. Interviews will take place on-line after school.
- All information must be included in the application form.
- Shortlisting will be based on the information contained in the application form only.

**A. CONTACT DETAILS**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
 \_\_\_\_\_

**B. TRAINING & EXPERIENCE**

**1. Outline your Teaching Qualifications**

Level & Title of Qualification	Subject(s) Studied	Awarding Body	Year

**2. Are you registered (or be eligible for registration) with the Teaching Council of Ireland?**

Teaching council Number: \_\_\_\_\_

**3. Outline your classroom teaching experience?**

Employer (incl. Address)	Position/Post	Length of Time	Duties & Responsibilities

**4. Give details of the training in teaching methods best suited to children with dyslexia you have completed?**

<b>Provider</b>	<b>Title of Relevant Courses (CPD)</b>	<b>Year &amp; Course Length</b>	<b>Areas Covered</b>

**5. Outline your experience of teaching students with dyslexia.**

**6. Have you worked in a Dyslexia Ireland Workshop or the Readable Project (RP)?**

**Workshop**

**Role and dates:** \_\_\_\_\_

**RP**

**Role and dates:** \_\_\_\_\_

**7. Outline your experience of leadership or management. This could be within or outside of school.**

### C. REFEREES

Please give details of two people who have consented to give references. By providing names, you are giving Dyslexia Ireland consent to seek references as a condition of any offer of employment.

Company/Organisation Name: \_\_\_\_\_  
Name of Referee: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
email: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
*e.g. principal, colleague etc.*

Company/Organisation Name: \_\_\_\_\_  
Name of Referee: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
email: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

### D. DECLARATION

- I confirm that the above information is correct, to the best of my knowledge.
- I confirm that there are no restrictions on my right to work in Ireland.
- I understand that if selected, I must successfully complete Garda Vetting with the organisation before starting employment.
- I understand that any omissions or misrepresentation of information on this application form may in the event of my obtaining employment result in disciplinary action up to and including dismissal.
- I also consent to this data being processed and retained in line with GDPR.

Signature \_\_\_\_\_

DATE: **Click to enter date.**

Return the completed form by email to Maureen Dunne, [maureendunne@dyslexia.ie](mailto:maureendunne@dyslexia.ie) by the closing date.

If you require any assistance with this application, please contact Maureen Dunne, [maureendunne@dyslexia.ie](mailto:maureendunne@dyslexia.ie) or 0860415142 prior to the closing date.

**Equal Opportunity:** The Dyslexia Ireland is an equal opportunity employer in line with the provisions of its Equality Policy.  
**Data Protection/GDPR:** The Dyslexia Ireland will use the information in this application solely for the purposes of the recruitment process. It will be retained for a minimum of 12 months, stored and disposed of confidentially as per our Data Protection Policy & Procedures.