Please complete all sections below and return to the Secretary of the Board of Management at Kinsale Community School before the closina date. Kinsale Community School is an equal opportunities employer.

School before the closing date. Kinsale Community School is an equal opportunities employer.						
TEACHING SUBJECTS						
Subject(s):						
(You should be registered with the Teaching Council in the subject area you are applying for.) TEACHER COUNCIL REGISTRATION DETAILS						
Date of Registration:		Renewal Date:				
TC Registration Number:		Conditions:				
	PERSONAL	. DETAILS				
Title (Dr/Mr/Ms/Fr):		Name:				
Nationality:		DOB:				
Address:						
PPS Number:		Email Address:				
Phone Numbers:	Home:	Mobile:				
GARDA VETTING DETAILS						
Have you obtained Garda Clearance as part of Teaching Council Registration: Yes No						
Please attach a copy of Garda Clearance letter						

EDUCATIONAL HISTORY				
Primary Degree or Equivalent Qualification:				
Course Title				
College		Course Duration		
Grade		Year of Award		
Subjects				
	Teacher Training Qualificat	tion:		
Course Title				
College		Course Duration		
Grade		Year of Award		
Topics				
	Other Qualification:			
Course Title				
College		Course Duration		
Grade		Year of Award		
Topics	1			
	Other Qualification:			
Course Title				
College		Course Duration		
Grade		Year of Award		
Topics				

KINSALE COMMUNITY SCHOOL TEACHER APPLICATION FORM

OMNES COMMUNITER DISCENDO

Please list any further qualification details and any relevant CPD taken with dates:				

KINSALE COMMUNITY SCHOOL TEACHER APPLICATION FORM

OMNES COMMUNITER DISCENDO

AVAILABILITY							
	ls of any restriction on to take up this post.						
WORK REFERENCES							
	Work Reference A			Work Refer	ence B		
Name:			Name:				
Position held:			Position held:				
Address:			Address:				
Telephone No:			Telephone No:				
		EMPLOYMI	ENT HISTORY				
Have you been e	mployed previously as a t	eacher (excluding	Teaching Practice)	Yes		No	
School(s)/Duration	on/ Dates/ Post Status:						

A) Please give a summary of your style of teaching.
A) I lease give a summary or your style of teaching.
B) What are the factors that you consider essential to making learning happen in the classroom?

Signed:	
Print Name:	
Date:	