Please note:

This form must be signed.
All questions must be answered.
Do not change the question numbers or sequence.

Office use only Date Received:

APPLICATION FOR TEACHING POSITION

Maths, SEN Maths, SPHE & CSPE

1. PERSONAL DETAILS

First Name:	Surname:
Home Address:	Correspondence Address: (if different)
Home Phone Number:	Mobile Phone Number:
Email Address:	

Are you registered with the Teachin	og Coupoil?	Yes No		
Are you registered with the Teachir	ig Courieir	Yes No		
If YES, Teaching Council Registrati	ion Number:			
Subjects registered to teach:				
If NO, are you eligible for registration	on and willing to register?			
If registration status is conditional p date by which each condition must	blease tick the condition that has not be met.	been fulfilled and indicate the expiry		
Condition 1 – Droichead/probation		Expiry date:		
Condition 2 – Induction workshop pro	gram	Expiry date:		
Condition 3 – Irish language requirement		Expiry date:		
Condition 4 – Qualification shortfall		Expiry date:		
		Please specify		
Please note that the successful ca include registration with the Teachi	ndidate will be paid by DES and will ng Council.	have to fulfill DES conditions which		
2. PRESENT POSITION				
Please give details of your curre	nt position:			
Employer:	Address:	Job Title:		
How much notice do you need to your current employer?	o give			

3. QUALIFICATIONS

3.1 Second Level Education		
Leaving Certificate/Equivalent		
Year		
School attended:		
Subject	Grade	Hons/Ord

	ications – Most recent first Post-Graduate qualifications. Please incl didate will be asked to present original de		ecial education, if
Qualification and Grade	Awarding University, College or Institute	Length of Course	Final results received: Day/Month/Year

4. EMPLOYMENT HISTORY

4.1 Teaching Experience

Please provide details of your teaching experience beginning with the most recent post.

Dates (From/To)	Name & Address of School	Contract Type PWT/RPT/Part- time	If pro-rata part-time, timetabled hours per week.	Subjects Taught	Level

Post (s) of Responsibility Held (if applicable) - Most recent first

School Name		Address		Position (s) held		Dates	
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Newly Qualified pl			ice gr				1
School Name	Ac	Idress		Class taught	Dates		Grade
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dditional qualificat College(s)	ions e.g. ic i			cn religion (if ap and Year		Module	es Studied
5 ()							
Other relevant, nor	-accredited	courses – mos	st rec	ent first			

reas of Special interes				
Area		Expertise/experience/s	specialism underta	ken in College
Other relevant employm	ent experience			
Employer/project	Position	Duties	Dates	Grade
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knowledge of you and your v	•	erence can be made. One sh	ould be your current
Name & Title:	Position Held:	Telephone/Mobile:	Email:
Full address:			
Other referee:			
Name & Title:			
Haille & Illie.	Position Held:	Telephone/Mobile:	Email:
Name & Title.	Position Held:	Telephone/Mobile:	Email:

8. DECLARATION AND SIGNATURE

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Signed Date
l declare that the information supplied in this application form is accurate and true.
You are also required to sign the declaration below certifying that all information you have provided is accurate. The Selection Committee may wish to check any of the details you have provided. Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or, where discovery is made after an appointment, in summary dismissal.
By signing below, you consent to a vetting disclosure, received by the Teaching Council from the Vetting Bureau, being made available to the school in accordance with the requirements of Circular Letter 31/2016.
The Board of Management cannot enter into a Contract of Employment without first receiving a vetting disclosure.
If you are recommended for this position, a vetting disclosure must be made available to the Secretary to the Board of Management when the offer of employment is being made. The Board of Management may withdraw an offer of employment if a satisfactory vetting disclosure is not made available.
In the event of you being recommended for this position, the Board of Management is obliged to comply with the terms of current DES circular letters.

Completed Applications should be returned by post on or before January 8th 2024

<u>The Secretary, Board of Management Crescent College Comprehensive SJ, Dooradoyle, Limerick</u>

PLEASE NOTE: If you are awaiting confirmation of registration with the Teaching Council, please insert 'Pending' in the Teacher Registration Number section of this Application Form. Any offer of employment will be conditional on registration with the Teaching Council and subject to the satisfactory outcome of the Garda Vetting Process and satisfactory references.