



Gallen Community School
Application for Teaching Post

Name:	
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Post being applied for:	
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Teaching Council Number:	
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Subjects registered to teach by the Teaching Council:	
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Garda Vetting Number:	
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Office Use Only:

INSTRUCTIONS FOR APPLICANTS

PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION

- Your application should be **typed**.
- **Handwritten applications will not be accepted.**
- Please complete **ALL SECTIONS** of the application.
- **Sign and date section L.**
- **Incomplete applications will not be considered.**
- Completed application forms should be sent **by email only** to admin@gallencs.com **by the closing date on the advert.**
- **Applications by post will not be accepted.**
- **A CV is not required and should not be included with your application.**
- Correspondence to applicants from the school will be via email above.
- All appointments are subject to clearance by the Redeployment Office and to sanction and approval by the Department of Education and Skills.
- Shortlisting may apply. Gallen Community School is an equal opportunities employer.

Gallen Community School

A: APPLICANT DETAILS

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

B: PRESENT POSITION

Employer	Address	Job Title
How much notice do you need to give your current employer?		

C: EDUCATIONAL DETAILS/QUALIFICATIONS

Leaving Certificate (or equivalent) Year: _____

School attended: _____

Subject	Level	Grade

Primary Degree

University/Institute/College	
Degree Title	

Year of Entry	Award	Grade: Hons/Pass	Year Qualified

1st Year Subjects	
Final Year Subjects	

H. Dip/PGDE (or equivalent if relevant)

University/Institute/College			
Year of Entry	Award	Grade: Hons/Pass	Year Qualified

Postgraduate Qualifications (if any)

University/Institute/College			
Degree Title			
Year of Entry	Award	Grade: Hons/Pass	Year Qualified

D: TEACHING COUNCIL REGISTRATION AND GARDA VETTING

Are there any restrictions regarding your employment? YES NO

(If YES please provide details in the supporting statement)

Do you require a work permit? YES NO

Are you registered with the Teaching Council? YES NO

Is your registration: FULL CONDITIONAL PENDING

Teaching Council Registration Number: _____

Subjects qualified to teach: _____

Are you Garda Vetted? YES NO

If 'YES' please provide the exact date: _____

If 'NO' have you submitted a Vetting Form to the NVB? YES NO

E: TEACHING EXPERIENCE (do not leave gaps)

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

SCHOOL (Name & Address)	Status	Teaching Commitment	(Most Recent Employment First)	
	(e.g. pwt, twt, cid, rpt),	Hours per week	From (dd/mm/yy)	To (dd/mm/yy)

SUBJECTS AND LEVELS TAUGHT (please tick appropriate columns ✓)

SUBJECT	Leaving Cert	Level Higher Ordinary	LCA	Junior Cert	PLC/FE	JCSP	SEN

F: NON-TEACHING EXPERIENCE (do not leave gaps)

Name/Address of Employer	Period of Service (exact dates) From: To:	Position Held	Summary of Duties

G: ANY POST OF RESPONSIBILITY (if relevant)

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H: CONTINUOUS PROFESSIONAL DEVELOPMENT

Course Title	Provided by	Year

I: EXTRA-CURRICULAR ACTIVITIES

Outline below any extra-curricular activities you are involved with and are willing to promote within school:

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J: Overall contribution to school

Describe how you would plan, teach, assess, and evaluate a mixed ability forty-minute class. Give two classroom examples that illustrate this from your career to date.

Describe how you work with colleagues to devise learning opportunities for students? Give an example of when collaborative practice proved effective.

K: REFEREES

Please provide names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work and from whom a professional reference can be sought. One should be your current or most recent employer. Please note: your referees may be contacted without further communication with you prior to interview if you are shortlisted.

Name	
Position/Job Title	
Address	
Mobile Number	
Email Address	

Name	
Position/Job Title	
Address	
Mobile Number	
Email Address	

L: DECLARATION AND SIGNATURE

- Please sign below, certifying that all the information you have provided is accurate.
- The Selection Committee may wish to check and seek clarification on the details you have provided.
- The Selection Committee may contact references for short listing if required.
- 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, dismissal.
- In the event of you being recommended for this position, the Board of Management is obliged to comply with the terms and conditions of Department of Education and Skills circular letters.
- If you are recommended for this position, a vetting disclosure must be made available to the Secretary, 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.
- The Board of Management cannot enter into a Contract of Employment without first receiving a vetting disclosure.
- 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.

I declare that the information supplied by me in this application is accurate and true.

Signed: _____ Date: _____