## **Fostering Academic Excellence and Developing Student Character** COMMUNITY SCHOOL Principal Edwina Gottstein

Deputy Principal Lorna Finnegan www.bishopstowncs.ie

#### **APPLICATION FORM**

# Please note: Office use only This form must be signed. Date Received: All questions must be answered. Do not change the question numbers or sequence. No letter of application, CV or written reference should accompany this form. 1. PERSONAL DETAILS Position you are applying for: \_\_\_\_\_ **First Name:** Surname: Home Address: **Correspondence Address: (if different) Home Phone Number: Mobile Phone Number: Email Address:**

# Are there any restrictions regarding your employment? (if you answer Yes, please provide details on separate sheet) Yes

Do you require a Work Permit? Yes

Are you registered with the Teaching Council? Yes

List the subjects you are registered for:

If YES, Teaching Council Regist	ration Number:			
If NO, are you eligible for registr	ation and willing to register	?		
Please note that the successful car registration with the Teaching Coun		nd will have to	o fulfill DES condition	ns, which include
2. PRESENT POSITION	4 20			
Please give details of your cu			Lab Title	
Employer:	Address:		Job Title:	
How much notice do you need your current employer?	d to give			
3. QUALIFICATIONS				
3.1 Second Level Education				
Leaving Certificate/Equivalent Year:				
School attended:				
Subject			Grade	Hons/Ord

3.2 Primary Degrees/Diplomas:	
University/Institute/College:	
Qualification & Results (Hons/Pass):	Awarding Body:
Year of Entry:	Year Qualified:
Subjects studied:	
First Year Subjects	Final Year Subjects
3.3 PGDE / HDIP / Equivalent):	
University/Institute/College:	
Qualification & Results:	Awarding Body:
Year of Entry:	Year Qualified:
Subjects studied:	

3.4 Post Graduate Qualifica	<u>tions</u>			
University/Institute/College:				
Qualification & Results:		Awarding Boo	ly	
3.5 In-Service Courses/Train	ning			
List any in-service courses/train these courses. Start with the mo			ites of the relevant training a	and duration of
		ar ao.		
Name of Course	Name of Organisation	n/Institution	Length of Course	Year
Name of Course		n/Institution	Length of Course	Year
Name of Course		n/Institution	Length of Course	Year
Name of Course		n/Institution	Length of Course	Year
Name of Course		n/Institution	Length of Course	Year
Name of Course		n/Institution	Length of Course	Year
Name of Course		n/Institution	Length of Course	Year
Name of Course		n/Institution	Length of Course	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  RPT/Part-time/ Teaching Practice	If pro-rata part-time, timetabled hours per week.	Subjects Taught	Level

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

# 4.2 Non-Teaching Experience (if applicable)

Please provide details of your work history beginning with the most recent post.

Dates	Name & Address of	Position held	Summary of Main Duties
(From/To)	Employer		

Dates	Name & Address of	Position held	Summary of Main Duties
(From/To)	Employer		

## **5. SUPPORTING STATEMENT**

This section is for you to provide a summary of your teaching experience, your approach to teaching and any extra-curricular activities you have organised and are willing to promote:

#### 6. REFERENCES

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

#### Present or most recent employer:

Name & Title:	Position Held:	Telephone/Mobile:	Email:
Full address:			

#### Other referee:

Name & Title:	Position Held:	Telephone/Mobile:	Email:
Full address:			

### **8. DECLARATION AND SIGNATURE**

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.
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.
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.
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.
I declare that the information supplied in this application form is accurate and true.
Signed Date

### **READ CAREFULLY:**

Completed Applications, should be returned by email to:

recruitment@bishopstown-cs.ie

on or before 3pm, Friday 23rd May 2025

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.