Please note:

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

Office use only
Date Received:



SCOIL MHUIRE COMMUNITY SCHOOL

APPLICATION FOR TEACHING POSITION				
Геаching Post/s Applied for:				
Special E	Education Teacher			
I. PERSONAL DETAILS				
First Name:	Surname:			
Home Address:	Correspondence Address: (if different)			
Home Phone Number:	Mobile Phone Number:			
Email Address:				
Are there any restrictions regarding your employ (if you answer Yes, please provide details on se	yment? Yes No parate sheet)			
Do you require a Work Permit?	Yes No			
Are you registered with the Teaching Council?	Yes No			
If YES, Teaching Council Registration Number:				
(Please state subjects qualified to teach at Post P	Primary Level)			
If NO, are you eligible for registration and willing	to register?			
Please note that the successful candidate will be include registration with the Teaching Council.	e paid by DES and will have to fulfill DES conditions which			

2. PRESENT POSITION

Please give details of y					
Employer:	Address	S :		Job Title:	
How much notice do y	ou need to give				
your current employer	?				
QUALIFICATIONS	6				
3.1 Second Level Educ					
Leaving Certificate/Equi					
Year					
School attended:					
Subject				Grade	Hons/Ord
3.2 Primary Degrees/D	<u>iplomas</u>				
University/Institute/Colle	ge:				
Degree Title:					
Degree Tille.					
Qualification (Hons/Pass	s):	A	warding Body:		
Year of Entry:		Year Qualified:			
Subjects studied:		-			
First Year Subjects	3		Final Year	Subjects	

3.3 PGDE / HDIP / Equivaler	<u>nt</u> :			
University/Institute/College:				
Title:				
Qualification (Hons/Pass):		Awarding Bod	y:	
Year of Entry:		Year Qualified:		
Subjects studied:				
3.4 Post graduate Qualificat	ions .			
University/Institute/College:				
Title:				
Qualification (Hons/Pass):		Awarding Body	y :	
Year of Entry:		Year Qualified:		
3.5 In-Service Courses/Train List any in-service courses/traini these courses. Start with the mo	ng you have received. Pl	ease include date	es of the relevant training and	d duration of
Name of Course	Name of Organisation	on/Institution	Length of Course	Year
	running co	ourse		

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

4.2 Non-Teaching Experience (if applicable)

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

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

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

Name & Title:

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].

Telephone/Mobile:

Email:

Position Held:

Present or most recent employer:

F	Full address:							
<u>Otl</u>	Other referee:							
1	Name & Title:	Position Held:	Telephone/Mobile:	Email:				
F	Full address:							
7.	7. DECLARATION AND SIGNATURE							
		the declaration below cer	tifying that all informat	ion you have				
	provided is accurate. The Selection Committee	ee mav wish to check anv	of the details vou 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.								
a decide and the management of the decided and the dec								
	Signed		Dat	e				
	-							

Completed Applications should be returned <u>by email</u> to <u>scoilmhuire.clane@gmail.com</u> or by post to <u>The Secretary</u>, <u>Board of Management</u>, <u>Scoil Mhuire Community School</u>, <u>Clane</u>, <u>Co. Kildare by 12 noon on Saturday 14th May 2025.</u>

Only shortlisted candidates will be notified

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.