

Completed Application Form to be returned to <a href="mailto:lbarnes@stbenilduscollege.com">lbarnes@stbenilduscollege.com</a> and cc'd to <a href="mailto:mbrohan@stbenilduscollege.com">mbrohan@stbenilduscollege.com</a>. All posts are subject to D.E.S. approval

## St. Benildus College is a Droichead School.

Please state job(subjects) you are applying for :

**Year of Leaving Certificate Award:** 

1. Personal Details				
Name				
Address				
Telephone				
Email				
Teaching Council Reg	istration Details			
	th the Teaching Council?			
	g Registration Council number?			
Teaching Council	cts registered with the			
2. Education Reco	ord_			
Leaving Certificate:				
Second Level School a	ttended:			

SUBJECT		LEVEL		GRADE	
		•		•	
ird Level Qualif	ications are:				
Dates		College		Qualifications Level and Grade	
acher Educatio	n Qualifications	are:			
Dates		Collogo	Evamin	ation Grade	
Dates		College		ation Grade	
ase state Grade	e attained in Tea	ching Practice/Pla	cement :		
		,			
ditional Profess	sional Qualificati	ons and Grades (C	`ertificates/Dinlo	mas or Training)	
antional Flores	nonai Qualificati	ons and Grades (C	e. ancates, Dipio	as or training)	

Dates From - to	Subjects taught and to what level	School/College/Organisation
Extra-curricular involved?	r activities in which you have bee	en and/or would be prepared to be
ase outline:		

5.	Any other relevant information:	
Please	e outline:	
your ı	ease supply the names and addresses of two referees and please state how you know referees) east one of your referees should know you in a professional capacity)	
a)	Name:	
	Address:	
	Telephone:(Please include mobile number):	
b)	Name:	
	Address:	
	Telephone:(Please include mobile number):	
I certify to the Board of Management that the information provided in this application is		
true and correct.  Signature of Applicant:  Date:		
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- ♦ The Board of Management of this school is an equal opportunities employer
- Shortlisting of candidates may take place.