



Stratford College

Co-educational Secondary School

APPLICATION FORM- Teaching Position **Position Applying for:**

PERSONAL DETAILS

Full name:	
Address:	
Phone number:	Home:
	Mobile:
	Work:
E-mail:	

Teaching Council Registration Number (Please attach copy of your Confirmation of Registration Form)						
Subjects registered to teach (Please attach evidence of subjects registered to teach)						

1. EDUCATION

Secondary Education

Please enter the information regarding Leaving Certificate or equivalent examination:

Subject taken	Level	Result

Principal: Mr. Nathan Barrett Deputy Principal: Ms. Delia Donohoe

1 Zion Road, Rathgar, Dublin DO6 T9V3, Tel: +353 1 492 2315 E-mail: admin@stratfordcollege.ie

www.stratfordcollege.ie

Registered Charity Number (RCN): 20145989



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Third Level Education

In the grid below please enter the exact title of each qualification, e.g., Bachelor of Arts, Bachelor of Education Degree, Postgraduate Diploma in Education, Master of Science, etc.

	Degree Qualification or Equivalent	Teacher Education Qualification	Other (e.g. Masters)
Title of qualification			
University attended			
Year awarded			
Subjects taken in final examination			
Duration of course			
Level of award (Results, e.g. 2. 1 Honours, Pass, GPA = 3.42.)			

2. FURTHER QUALIFICATIONS e.g. diplomas / certificates

Title:		Year:		Awarding body:	
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Title:		Year:		Awarding body:	
Title:		Year:		Awarding body:	

3. TEACHING EXPERIENCE

Please list most recent employment first.

SCHOOL (Name & Address)	Status (e.g. PWT, CID, RPT)	Teaching commitment (Hours per week)	FROM (dd/mm/yy)	TO (dd/mm/yy)

4. SUBJECTS AND LEVELS TAUGHT

(please tick appropriate columns ✓)

SUBJECT	Leaving Cert	Level		TY	Junior Cert	Other
		H	O			

5. Continuous Professional Experience

Name of Course	FROM (dd/mm/yy)	TO (dd/mm/yy)



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6. CO-CURRICULAR EXPERIENCE

Please outline any co-curricular and/or extra-curricular involvement you have had while working in a school.

SCHOOL	Nature of Activities /Role	FROM (dd/mm/yy)	TO (dd/mm/yy)

6. OTHER WORK EXPERIENCE

EMPLOYER	FROM (dd/mm/yy)	TO (dd/mm/yy)	Nature of Employment

7. INTERESTS & ACTIVITIES

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8. ADDITIONAL INFORMATION TO SUPPORT YOUR APPLICATION



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9. PERSONAL REFERENCES

Please supply the names and addresses of two referees with whom you have worked in a professional capacity and who may be contacted.

Name:		Tel.	(W)	
Address:			(M)	
		Email		

Name:		Tel.	(W)	
Address:			(M)	
		Email		



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• **DECLARATION**

I certify that the information provided herewith is true and correct.

Signature of Applicant:

Date:

I have enclosed the following (please tick box):

- | | |
|--|--------------------------|
| 1 original application form with attachments | <input type="checkbox"/> |
| Evidence of qualifications | <input type="checkbox"/> |
| Evidence of Registration with the Teaching Council | <input type="checkbox"/> |
| Evidence of Garda Vetting | <input type="checkbox"/> |

Please email completed applications with supporting documents to admin@stratfordcollege.ie

Principal: Mr Nathan Barrett Deputy Principal: Ms. Delia Donohue

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