

Please note:

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

Office use only
Date Received:

APPLICATION FOR TEACHING POSITION
Physical Education

1. PERSONAL DETAILS

First Name:	Surname:
Home Address:	Correspondence Address: <i>(if different)</i>
Home Phone Number:	Mobile Phone Number:
Email Address:	

Are you registered with the Teaching Council?

Yes

☐

No

☐

If YES, Teaching Council Registration Number:

Subjects registered to teach:

If NO, are you eligible for registration and willing to register?

If registration status is conditional please tick the condition that has not been fulfilled and indicate the expiry date by which each condition must be met.

Condition 1 – Droichead/probation

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Expiry date: _____

Condition 2 – Induction workshop program

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Expiry date: _____

Condition 3 – Irish language requirement

☐

Expiry date: _____

Condition 4 – Qualification shortfall

☐

Expiry date: _____

Please specify

Please note that the successful candidate will be paid by DES and will have to fulfill DES conditions which include registration with the Teaching Council.

2. PRESENT POSITION

Please give details of your current position:

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

3. QUALIFICATIONS

3.1 Second Level Education		
Leaving Certificate/Equivalent Year _____		
School attended:		
Subject	Grade	Hons/Ord

Details of Academic Qualifications – Most recent first			
Include Under-Graduate and Post-Graduate qualifications. Please include any qualifications in special education, if applicable. The successful candidate will be asked to present original documents.			
Qualification and Grade	Awarding University, College or Institute	Length of Course	Final results received: Day/Month/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 PWT/RPT/Part- time	If pro-rata part-time, timetabled hours per week.	Subjects Taught	Level

Post (s) of Responsibility Held (if applicable) - Most recent first

School Name	Address	Position (s) held	Dates

If Newly Qualified please insert teaching practice grades – Most recent first

School Name	Address	Class taught	Dates	Grade

Additional qualifications e.g. ICT, Certification to teach religion (If applicable)

College(s)	Qualification and Year	Modules Studied

Other relevant, non-accredited courses – most recent first

Areas of Special interest – Curricular/other

Area	Expertise/experience/specialism undertaken in College

Other relevant employment experience

Employer/project	Position	Duties	Dates	Grade

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 _____

Completed Applications should be returned by post on or before January 8th 2024

The Secretary, Board of Management Crescent College Comprehensive SJ, Dooradoyle, Limerick

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.