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:
TEACHING COUNCIL SUBJECTS:

1. PERSONAL DETAILS

First Name:		Surname:			
Home Address:		Correspondence Address: (if different)			nt)
Home Phone Num	iber:	Mobile Phone Number:			
Email Address:					
Are there any restri	ctions regarding your employ	ment?	Yes		No
(if you answer Yes,	please provide details on sep	parate sheet)			
Do you require a W	ork Permit?		Yes		No 🔲
Are you registered	with the Teaching Council?		Yes		No 🗌
7 iio you rogiotorou	with the readining Council.		100		
If YES, Teaching Council Registration Number:					
If NO, are you eligible for registration and willing to		to register?			
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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	o give			
your current employer?	9			
3. QUALIFICATIONS				
3.1 Second Level Education				
Leaving Certificate/Equivalent				
Year				
School attended:				11
Subject		G	rade	Hons/Ord
3.2 Primary Degrees/Diplomas:				
University/Institute/College:				
Qualification (Hons/Pass):		Awarding Body:		
Final Grade:				
Year of Entry: Year Qualified:				
Subjects studied:				
First Year Subjects		Final Year	Subjects	

3.3 PME / PGDE / HDIP / Equ	uivalent):			
University/Institute/College:				
		<u> </u>		
Qualification:		Awarding Bo	dy:	
Final Grade:				
Year of Entry:		Year Qualifie	d:	
Subjects studied:				
3.4 Post graduate Qualification	tions			
University/Institute/College:				
Qualification:		Awarding Body		
Final Grade:				
		<u> </u>		I
3.5 In-Service Courses/Train	ning			
List any in-service courses/train these courses. Start with the mo	ing you have received. P st recent and work backw	lease include da ards.	ates of the relevant training a	and duration of
Name of Course	Name of Organisation running cou		Length of Course	Year

4. EMPLOYMENT HISTORY

4.1 Teaching ExperiencePlease 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	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		
o. DECLARATION AND	JONATONE		
In the event of you being recom the terms of current DES circula		pard of Management is ob	liged to comply with
If you are recommended for this the Board of Management when withdraw an offer of employmen	the offer of employment is beir	ng made. The Board of M	anagement may
The Board of Management canr disclosure.	not enter into a Contract of Emp	oloyment without first rece	iving a vetting
By signing below, you consent to Bureau, being made available to			
You are also required to sign the accurate.	e declaration below certifying th	at all information you hav	e provided is
The Selection Committee may v Providing incorrect information of from the selection process or, w	or deliberately concealing any re	elevant facts may result in	
I declare that the information su	pplied in this application form is	s accurate and true.	
- Ciana d		Doto	. <u> </u>
Signed		Date	

Completed Applications should be returned <u>by post or email</u> on or before <u>13:00 on Monday</u>, <u>28th April, 2025.</u>

- <u>The Secretary, Board of Management, Malahide Community School, Broomfield, Malahide Co. Dublin.</u>
- office@malahidecs.ie

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.