



#### AN COSÁN COMMUNITY SPECIAL SCHOOL

20572K

# APPLICATION FORM FOR TEACHING POST FIXED TERM Ref: SCTFT24D

### **DELETION OF ANY FIELD WILL INVALIDATE THIS APPLICATION**

# Applicants, please note:

- 1. If the advertisement states that electronic applications will be accepted, the Application Form should be emailed to the <u>dedicated email address</u> provided in the advertisement and <u>only to that address</u>: <u>applications@cdetb.ie</u>.
- 2. The completed form must arrive at the dedicated email address/specified postal address on or before the date and time stated in the advertisement. Late applications will neither be accepted nor considered.
- 3. Canvassing will disqualify.
- 4. If completing this form in handwriting, please use black ink.

### 5. DO NOT

- enclose/attach a separate letter of application or
- enclose/attach a Curriculum Vitae or
- enclose/attach any certificates.

The successful candidate will be required to present original documents in relation to teaching/other qualifications prior to appointment.

	Received by:	Date:	Time:
Office use only			





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APPLICANT'S PERSONAL DETAILS				
Name (as per Teaching Council Register)				
Correspondence Address Mo		none No		
Line 1:	Landline	No.		
Line 2:		ddress (Please print		
Line 3:	clearly if col			
Eircode	nanawilan isimaty			
QUALIFI	CATION TO T	EACH AT PRIMARY L	.EVEL	
Qualification(s)	Awarding University, College or Institute		Final results received: Day/Month/Year	
TE	ACHING COU	NCIL REGISTRATION		
Registration Number				
Registered under Regulation (please tick as a	appropriate):			
Route 1 Primary (Formerly Regula	tion 2)			
Route 2 Post Primary (Formerly Regula	tion 4)			
Route 3 Further Education (Formerly Regula	tion 5)			
Route 4 Other (Formerly Regula	ation 3)			
Registration Status: Full	Condition	onal $\square$		
If 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		Expiry Date:		
Condition 2: Induction Workshop Programme		Expiry Date:		
Condition 3: Irish Language Requirement		Expiry Date:		
Condition 4: Qualification Shortfall		Please specify:		
		Expiry Date:		





TEACHING EXPERIENCE - MOST DECENT EIRST (IF NE

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DETAILS OF ACADEMIC Q	UALIFICATIONS - MOST RECENT FIRST
INCLUDE UNDER-GRADUATE	& POST-GRADUATE QUALIFICATIONS. PLEASE INCLUDE ANY QUALIFICATIONS IN SPECIAL
EDUCATION, IF APPLICABLE.	THE SUCCESSFUL CANDIDATE WILL BE ASKED TO PRESENT ORIGINAL DOCUMENTS.

Qualification & Grade	Awarding University, College or Institute	Length of Course	Final results received: Day/Month/Year

*IF NEWLY QUALIFIED, PLEASE GO TO NEXT PAGE *IF NEWLY QUALIFIED, PLEASE GO TO NEXT PAGE *IF NEWLY QUALIFIED, PLEASE GO TO NEXT PAGE				
School Name & Address	Date(s) of service in the school	Position(s) held	Dates in each Position	
			From:	
			То:	
			From:	
			То:	
			From:	
			То:	
			From:	
			То:	
			From:	

All information provided in this form is confidential to the Selection Board





PECIAL CLASS TEACHER	An Co	OSÁN COMMUNITY	SPECI	AL SCHO	OL		20572	K
						To:		
Post(s) of Responsibilit	Y HELD (IF.		IT FIRS	Γ				
				ion(s) he	) held Dates		es	
							From:	
							To:	
							From:	
							To:	
*IF NEWLY QUALIFIED PLEAS	SE INSERT T	EACHING PRACTIC	E GRA	DES - MO	OST RECE	NT FIRS	ST	
School Name		Address		Class t			ates	Grade
						From:		
						To:		
						From:		
						To:		
						From:		
						То:		
						From:		
						To:		
ADDITIONAL QUALIFICATION	IS E.G. ICT	CERTIFICATE TO 1	ГЕАСН	RELIGIO	N (IF APP	LICABLI	≣)	
College(s)		Qualification and	Year		Modules	s Studie	ed	
OTHER RELEVANT, NON-AC	CREDITED C	COURSES - MOST R	RECENT	FIRST				





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	Funcation/Funcation and		n in Callana	
Area	Expertise/Experience/S	pecialism undertake	n in College	
	MENT EXPERIENCE — MOST I			
Employer/Project	Position	Duties	Dates	Grad
			From:	
			To:	
			From:	
			To: From:	
			To:	
			From:	
			To:	
LEASE INDICATE HOW YOU	THINK YOUR EXPERIENCE/S		IN THIS PARTICULAR	POST





9	PECIAL CLASS TEACHER AN COSAN COMMUNITY SPECIAL SCHOOL 20372K
	PLEASE INDICATE HOW YOU THINK YOU CAN CONTRIBUTE TO THE ETHOS AND SUCCESS OF THIS SCHOOL
	I LEASE INDICATE HOW TOU THINK TOU CAN CONTRIBUTE TO THE ETHOS AND SUCCESS OF THIS SCHOOL
	NOT MORE THAN 150 WORDS
	NOT HOLE THE VOICE
	ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION
	NOT MORE THAN 150 WORDS
	NOT MORE THAN 150 WORDS





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Names & Contact Details of Referees*				
	Referee 1		Referee 2	
Name		Name		
Role		Role		
Address		Address		
Work Tel Number		Work Tel Number		
Home Tel Number		Home Tel Number		
Mobile Nr		Mobile Nr		
	Referee 3		Referee 4	
Name		Name		
Role		Role		
Address		Address		
Work Tel Number		Work Tel Number		
Home Tel Number		Home Tel Number		
Mobile Nr		Mobile Nr		

## \*Please Note:

- 1. Only those referees who know you in a professional capacity should be included. At least \*three names should be provided.
- 2. Close relatives and friends **should not** be listed as referees.
- **3.** As it is probable that referees will have to be contacted outside of school times, it is crucial that phone numbers (preferably mobile numbers) outside of working hours, are given.
- **4.** If the current employer (*where applicable*) is not named as a referee, the Selection Board reserves the right to seek a reference from the current employer.
- **5.** The Selection Board in its sole discretion will determine the suitability of any reference. The Selection Board further reserves the right to seek from a candidate the names of additional referees.

I hereby declare that all the particulars furnished on this application form are true and correct to the best of my knowledge and that I am aware of the qualifications, requirements and particulars for this post, as set out in the advertisement and other relevant documentation.

Signature	Date