Please note:

This form must be signed.
All questions must be answered.
Do not change the question numbers or sequence.
No letter of application, CV or written reference should accompany this form.

Office use only
Date Received:



CABINTEELY COMMUNITY SCHOOL

APPLICATION	ON FOR TEACHING	POSITION
eaching Post/s Applied for:		
DEDCONAL DETAILS		
. PERSONAL DETAILS First Name:	Surnama	
First Name:	Surname:	
Home Address:	Correspondence	ce Address: (if different)
Home Phone Number:	Mobile Phone N	Number:
Email Address:		
Are there any restrictions regarding your en (if you answer Yes, please provide details o		Yes No
Do you require a Work Permit?		Yes No
Are you registered with the Teaching Coun	oil?	Yes No
If YES, Teaching Council Registration Num	ber:	
(Please state subjects qualified to teach at P	ost Primary Level)	
If NO, are you eligible for registration and w	villing to register?	
Please note that the successful candidate vinclude registration with the Teaching Cour		will have to fulfill DES conditions which

2. PRESENT POSITION

Please give details of	<u> </u>				
Employer:	Address	s:		Job Title:	
How much notice do y	ou need to give				
your current employer	. 7				
	_				
QUALIFICATIONS 3.1 Second Level Educ					
Leaving Certificate/Equi					
Year					
School attended:					
Subject				Grade	Hons/Ord
3.2 Primary Degrees/D	inlomas				
University/Institute/Colle	ge:				
Degree Title:					
Qualification (Hons/Pass	s):		Awarding Body	:	
Year of Entry:		Year Qualified:			
Subjects studied:		· · · · · · · · · · · · · · · · · · ·			
First Year Subjects	3		Final Yea	r Subjects	

3.3 PGDE / HDIP / Equivalent:						
University/Institute/College:						
Title:						
Tiue.						
Qualification (Hons/Pass):		Awarding Bod	y:			
Year of Entry:		Year Qualified	:			
Subjects studied:						
3.4 Post graduate Qualificat	tions					
University/Institute/College:						
Title:						
Qualification (Hons/Pass):		Awarding Body	y:			
Year of Entry:		Year Qualified	d:			
3.5 In-Service Courses/Train List any in-service courses/train these courses. Start with the mo	ing you have received. Ple	ease include date	es of the relevant training and	d duration of		
Name of Course Name of Organisation/Institution Length of Course running course						

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

4.2 Non-Teaching Experience (if applicable)Please provide details of your work history beginning with the most recent post.

Dates (From/To)	Name & Address of Employer	Position held	Summary of Main Duties

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

Name & Title:

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].

Telephone/Mobile:

Email:

Position Held:

Present or most recent employer:

Full address:						
Other referee:						
Name & Title:	Position Held:	Telephone/Mobile:	Email:			
Full address:						
7. DECLARATION AN	ND SIGNATURE					
 You are required to sign provided is accurate. 	the declaration below cer	rtifying that all informat	tion you have			
	e 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		Dat	te			

Completed Applications should be returned <u>by email</u> to office@cabinteelycs.ie or by post to The Secretary, Board of Management, Cabinteely Community School, Johnstown Road, Kilbogget, Cabinteely, Co. Dublin, D18 VH73 by 12 noon on Monday 11th August 2025.

Only shortlisted candidates will be notified

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.