

APPLICATION FORM FOR CNS TEACHING POSTS

Applicant's Name	
Position applied for	Post Primary Mainstream Class Teacher – Permanent Position – Ref: PPMS25S

Roll Number	18788V
School	Solas Hospital School
Address	Crumlin, Dublin 12
County	Dublin

Please Note:

1. The application form must be sent to the address as specified on www.educationposts.ie - applications@cdetb.ie
2. The completed form must arrive to the address on or before the date and time as specified in the advertisement
3. Canvassing will disqualify.
4. **DO NOT**
 - a. Send a Curriculum Vitae with this form. You may be asked to provide a CV at a later stage of the recruitment process
 - b. Enclose any certificates with this form. The successful candidate may be required to present original documents in relation to Teaching/other Qualifications prior to appointment

For official use only	Received By:	Date:	Time:	Short listing score:

PERSONAL DETAILS			
Name			
Home Address	Mobile Telephone No.		
	Home Telephone No.		
	Teaching Council Registration Number		
E-mail Address			

PLEASE INSERT TEACHING PRACTICE GRADES – IF AVAILABLE				
School Name	Address	Class taught	Dates	Grade
			From To	
			From To	
			From To	

TEACHING EXPERIENCE - MOST RECENT FIRST			
PROBATED : YES ☐ No ☐			
School Name	Address	Position held	Dates

POST(S) OF RESPONSIBILITY – MOST RECENT FIRST			
School Name	Address	Position Held	Dates

EDUCATION QUALIFICATIONS – MOST RECENT FIRST

INCLUDE UNDER GRADUATE & POST-GRADUATE QUALIFICATIONS. THE SUCCESSFUL CANDIDATE MAY BE ASKED TO PRESENT ORIGINAL DOCUMENTS

Qualification	Awarding University, College or Institute	Overall Grade	Year of Award

RELEVANT COURSES TAKEN/PROFESSIONAL DEVELOPMENT– MOST RECENT FIRST:

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OTHER RELEVANT EMPLOYMENT EXPERIENCE - MOST RECENT FIRST

Employer/Project	Position	Duties	Dates

What do you consider are your most significant strengths and qualities you would bring to this position?

NOT MORE THAN 150 WORDS

ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION.

NOT MORE THAN 150 WORDS

Please Note:

- 1. Please include at least two referee who know you in a professional capacity
- 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 at which referees can be contacted (three if possible) are given.

NAMES & CONTACT DETAILS OF REFEREES			
Referee 1 (professional)		Referee 2 (Professional)	
Name		Name	
Role		Role	
Address		Address	
Work Tel Number:		Work Tel Number:	
Home Tel Number:		Home Tel Number:	
Mobile Tel Number:		Mobile Tel Number:	
Referee 3 (Professional)			
Name			
Role			
Address			
Work Tel Number:			
Home Tel Number:			
Mobile Tel Number:			

Signature _____

Date _____