STANDARD APPLICATION FORM FOR TEACHING POST

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 *dedicated email address* provided in the advertisement and *only* to that address.

If applications are required to be submitted *by post*, the Application Form must be sent to the Chairperson's address as specified in the advertisement.

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

POSITION ADVERTISED: MATERNITY LEAVE – SET SHARED POST

SCHOOL: CASTLETOWNSHEND N.S.

ROLL NUMBER: 13728B

Office use only	**Received by:**	**Date:**	**Time:**

APPLICANT'S PERSONAL DETAILS		
Name (*as per Teaching Council Register)*		
Correspondence Address	**Mobile Phone No.**	
Line 1:	**Landline No.**	
Line 2:	**E-mail Address** (*Please print clearly if completing in handwritten format)*	
Line 3:		
Eircode		
QUALIFICATION TO TEACH AT PRIMARY LEVEL		
Qualification(s)	**Awarding University, College or Institute**	**Final results received: Day/Month/Year**
TEACHING COUNCIL REGISTRATION		

Registration Number _____

Registered under Regulation *(please tick as appropriate):*

Route 1 Primary ❒

Route 2 Post Primary ❒

Route 3 Further Education ❒

Route 4 Other ❒

Registration Status: Full ❒ Conditional ❒

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: _____

DETAILS OF ACADEMIC QUALIFICATIONS – 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

TEACHING EXPERIENCE – MOST RECENT FIRST (IF NECESSARY EXPAND THE SECTION OR USE ADDITIONAL PAGES IF COMPLETING IN HANDWRITTEN FORMAT). *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: To:
			From: To:
			From: To:
			From: To:
			From: To:

POST(S) OF RESPONSIBILITY HELD *(IF ANY)* – MOST RECENT FIRST			
School Name	**Address**	**Position(s) held**	**Dates**
			From: To:
			From: To:

***IF NEWLY QUALIFIED PLEASE INSERT TEACHING PRACTICE GRADES –** MOST RECENT FIRST				
School Name	**Address**	**Class taught**	**Dates**	**Grade**
			From: To:	
			From: To:	
			From: To:	
			From: To:	

ADDITIONAL QUALIFICATIONS E.G. ICT, CERTIFICATE 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 – MOST RECENT FIRST				
Employer/Project	**Position**	**Duties**	**Dates**	**Grade**
			From: To:	
			From: To:	
			From:	

			To:	
			From: To:	

PLEASE INDICATE HOW YOU THINK YOUR EXPERIENCE/SKILL(S) CAN ASSIST IN THIS PARTICULAR POST **NOT MORE THAN 150 WORDS**
PLEASE INDICATE HOW YOU THINK YOU CAN CONTRIBUTE TO THE ETHOS AND SUCCESS OF THIS SCHOOL **NOT MORE THAN 150 WORDS**

ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION NOT MORE THAN 150 WORDS

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 No.		Mobile No.	
Referee 3		**Referee 4**	
Name		Name	
Role		Role	
Address		Address	
Work Tel Number		Work Tel Number	
Home Tel Number		Home Tel Number	
Mobile No.		Mobile No.	

***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 Interview Board reserves the right to seek a reference from the current employer.
5. The Interview Board in its sole discretion will determine the suitability of any reference. The Interview 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** _____