

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:



SCOIL MHUIRE COMMUNITY SCHOOL

APPLICATION FOR TEACHING POSITION

Teaching Post/s Applied for:

1. PERSONAL DETAILS

First Name:	Surname:
Home Address:	Correspondence Address: (if different)
Home Phone Number:	Mobile Phone Number:
Email Address:	
Are there any restrictions regarding your employment? <i>(if you answer Yes, please provide details on separate sheet)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require a Work Permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you registered with the Teaching Council?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, Teaching Council Registration Number:	_____
(Please state subjects qualified to teach at Post Primary Level)	_____
If NO, are you eligible for registration and willing to register?	_____
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 give your current employer?	_____	

3. QUALIFICATIONS

3.1 Second Level Education		
Leaving Certificate/Equivalent Year _____		
School attended:		
Subject	Grade	Hons/Ord

3.2 Primary Degrees/Diplomas	
University/Institute/College:	
Degree Title:	
Qualification (Hons/Pass):	Awarding Body:
Year of Entry:	Year Qualified:
Subjects studied:	
First Year Subjects	Final Year Subjects

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

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:			

7. DECLARATION AND SIGNATURE

<ul style="list-style-type: none">■ You are required to sign the declaration below certifying that all information you have provided is accurate.■ The Selection Committee 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. <p>I declare that the information supplied in this application form is accurate and true.</p> <p>Signed _____ Date _____</p>
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Completed Applications should be returned **by email** to scoilmhuire.clane@gmail.com or by post to **The Secretary, Board of Management, Scoil Mhuire Community School, Clane, Co. Kildare** by 10:00am on Friday 26th July 2024.

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.