

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 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? (if you answer Yes, please provide details on separate sheet) | | |
| Yes <input style="width: 40px;" type="checkbox"/> | | No <input style="width: 40px;" type="checkbox"/> |
| Do you require a Work Permit? | | |
| Yes <input style="width: 40px;" type="checkbox"/> | | No <input style="width: 40px;" type="checkbox"/> |
| Are you registered with the Teaching Council? | | |
| Yes <input style="width: 40px;" type="checkbox"/> | | No <input style="width: 40px;" 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 |
| | | |
| | | |
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| | |
|--|---------------------|
| <u>3.2 Primary Degrees/Diplomas</u> | |
| 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 |
|--------------------|--------------------------------|--|---|-----------------|-------|
| | | | | | |
| | | | | | |
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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 |
|--------------------|-------------------------------|---------------|------------------------|
| | | | |
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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.

[illegible]

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

- 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.

I declare that the information supplied in this application form is accurate and true.

Signed

Date

Completed Applications should be returned **by email** 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 3rd June 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.