



AN COSÁN COMMUNITY SPECIAL SCHOOL

20572K

APPLICATION FORM FOR TEACHING POST FIXED TERM REF: SCTFT240

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 <u>dedicated email address</u> provided in the advertisement and <u>only to that address</u>: <u>applications@cdetb.ie</u>.
- 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. DO NOT

- enclose/attach a separate letter of application or
- enclose/attach a Curriculum Vitae or
- enclose/attach any certificates.

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

	Received by:	Date:	Time:
Office use only			





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АР	PLICANT'S	PERSONAL DETAILS			
Name (as per Teaching Council Register)					
Correspondence Address Mo		hone No			
Line 1:	Landline	No.			
Line 2:		ddress (Please print			
Line 3:	clearly if col				
Eircode		Torriday			
QUALIFICATION TO TEACH AT PRIMARY LEVEL					
Qualification(s)		ing University, ge or Institute	Final results received: Day/Month/Year		
TEACHING COUNCIL REGISTRATION					
Registration Number					
Registered under Regulation (please tick as a	appropriate):				
Route 1 Primary (Formerly Regula	tion 2)				
 Route 2 Post Primary (Formerly Regula	tion 4)				
Route 3 Further Education (Formerly Regula	•	<u>_</u>			
, , ,	•				
Route 4 Other (Formerly Regula	mon 3)				
Registration Status: Full	Condition	onal 🗖			
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

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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		

*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:		
			То:		
			From:		
			To:		
			From:		
			To:		
			From:		
			To:		
			From:		

All information provided in this form is confidential to the Selection Board





PECIAL CLASS TEACHER	An Co	OSÁN COMMUNITY	SPECI	AL SCHO	OL		20572	K
						To:		
Post(s) of Responsibilit	Y HELD (IF	 ANY) – Most recen	IT FIRST	-				
School Name		dress			tion(s) he	ld	Date	 es
							From:	
							To:	
							From:	
							To:	
*IF NEWLY QUALIFIED PLEA	SE INSERT T	EACHING PRACTIC	E GRA	DES - MO	OST RECE	NT FIRS	ST	
School Name		Address		Class t			ntes	Grade
						From:		
						To:		
						From:		
						То:		
						From:		
						To:		
						From:		
						То:		
ADDITIONAL QUALIFICATION	NS E.G. ICT,	CERTIFICATE TO 1	ГЕАСН	RELIGIO	N (IF APP	LICABLE	≣)	
ADDITIONAL QUALIFICATIONS E.G. ICT, CERTIFICATE TO TEACH RELIGION (IF APPLICABLE) College(s) Qualification and Year Modules Studied								
3-(-)								
OTHER RELEVANT, NON-ACCREDITED COURSES - MOST RECENT FIRST								





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Area E	xpertise/Experience/	Specialism undertake	n in College	
OTHER RELEVANT EMPLOYMENT	EVDEDIENCE MOST	DECENIT EIDET		
			Detec	O vo da
Employer/Project	Position	Duties	Dates From:	Grade
			To:	
			From:	
			To:	
			From:	
			То:	
			From:	
			To:	





SPECIAL CLASS TEACHER P	IN COSAN COMMUNITY SPECIAL SCHOOL	20372K
Dr. E. A. GE. AND AGA THE MANY MANY MANY		
PLEASE INDICATE HOW YOU THIN	K YOU CAN CONTRIBUTE TO THE ETHOS AND SUCC	CESS OF THIS SCHOOL
	NOT MORE THAN 150 WORDS	
	NOT MORE THAN 150 WORDS	
ADDITIONAL INFORMATION (NOT	ALREADY MENTIONED) TO SUPPORT YOUR APPLIC	CATION
		·
	NOT MORE THAN 150 WORDS	





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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 Nr		Mobile Nr			
	Referee 3		Referee 4		
Name		Name			
Role		Role			
Address		Address			
Work Tel Number		Work Tel Number			
Home Tel Number		Home Tel Number			
Mobile Nr		Mobile Nr			

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