

# POBALSCOIL NA BÓINNE BOYNE COMMUNITY SCHOOL

### **Please note:**

This form must be signed.
All questions must be answered.

Do not change the question numbers or sequence.

TEACHING POS	SITION APPLIED FOR:	
TEAGIIIIOTOC	Advert I.D Number:	
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### 1. PERSONAL DETAILS

III EROONAL DE IAIEO				
First Name:		Surname:		
Home Address:		Correspondence Address: (if different)		
Home Phone Number:		Mobile Phone Number:		
Email Address:				
Are there any restri	ctions regarding your employ	ment? Yes No		
(if you answer Yes, please provide details on sep		parate sheet)		
D	/ D	Va . Na .		
Do you require a Work Permit?		Yes L No L		
Are you registered with the Teaching Council?		Yes No		
If YES, Teaching Council Registration Number:				
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 prior to commencement of employment.

Please give details of y Employer:	Address:		Job Title:	
-inployer.	Audiess.		JOD TILLE.	
How much notice do yo your current employer	ou need to give ?			
. QUALIFICATION				
3.1 Second Level Educ				T
Leaving Certificate/Equiv Year				
School attended:		+		
Subject		G	irade	Hons/Ord
<u> </u>				7 10/10/ 014
3.2 Primary Degrees/Di	plomas <sup>.</sup>			
University/Institute/Colle	ge:			
Qualification (Hons/Pass		Awarding Body:		
Year of Entry:		Year Qualified:		
Subjects studied:				
First Year Subjects		Final Year	Subjects	

3.3 PGDE / HDIP / Equivaler	<u>nt)</u> :			
University/Institute/College:				
Qualification:		Awarding Boo	dy:	
Year of Entry:		Year Qualified	d:	
Subjects studied:				
3.4 Post Graduate Qualifica	<u>tion</u>			
University/Institute/College:				
Qualification:		Awarding Body		
3.5 In-Service Courses/Train List any in-service courses/train these courses. Start with the mo	ing you have received. P	lease include da	ates of the relevant training	and duration of
Name of Course	Name of Organisation/Institution running course		Length of Course	Year

## 4. EMPLOYMENT HISTORY

**4.1 Teaching Experience**Please provide details of your teaching experience beginning with the most recent post.

Dates	Name & Address	Contract Type	If pro-rata part-time,	Subjects Taught	Level
(From/To)	of	Contract Type PWT/RPT/Part-tim	If pro-rata part-time, timetabled hours per		
	School	е	week.		

**4.2 Non-Teaching Experience (if applicable)**Please provide details of your work history beginning with the most recent post.

Dates	Name & Address of	Position held	Summary of Main Duties
(From/To)	Employer		

## **5. SUPPORTING STATEMENT**

This section is for you to provide a summary of your teaching experience, your approach to teaching & learning, assessment & any extra-curricular activities you have organised and are willing to promote.				

### 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:					
8. DECLARATION AND SI	GNATURE				
In the event of you being recomme the terms of current DES circular le		d of Management is ob	liged to comply with		
If you are recommended for this position, a vetting disclosure must be made available to the Secretary to the Board of Management when the offer of employment is being made. The Board of Management may withdraw an offer of employment if a satisfactory vetting disclosure is not made available.					
The Board of Management cannot enter into a Contract of Employment without first receiving a vetting disclosure.					
By signing below, you consent to a vetting disclosure, received by the Teaching Council from the Vetting Bureau, being made available to the school in accordance with the requirements of Circular Letter 31/2016.					
You are also 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					

A copy of the completed Application Form should be returned by hand or email to recruitment@boynecs.ie, or post to The Secretary, Board of Management, Boyne Community School, Trim Co. Meath on or before noon on 2nd May 2025.

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 and satisfactory references.