

SACRED HEART SECONDARY SCHOOL,

Drogheda

Board of Management

APPLICATION FORM FOR TEACHING POST

DELETION OF ANY FIELD WILL INVALIDATE THIS APPLICATION

Applicants, please note:

- 1 The Application Form should be emailed to the *dedicated email address* provided in the advertisement and *only* to that address.
- 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:

Application Form for a Fixed Term Music teaching post

This is a fixed term teaching post funded by monies from the Oireachtas.

SCHOOL SACRED HEART SECONDARY SCHOOL, DROGHEDA

ROLL NUMBER 638601

| | Received by: | Date: | Time: |
|-----------------|--------------|-------|-------|
| Office use only | | | |
| | | | |

| APPLICANT'S PERSONAL DETAILS | | | | | |
|---|-------------|--|---|--|--|
| Name (as per Teaching Council Register) | | | | | |
| Correspondence Address | Mobile | Phone No. | | | |
| Line 1: | Landli | ne No. | | | |
| Line 2: | | Address (Please print | | | |
| Line 3: | | f completing in tten format) | | | |
| Eircode | | · | | | |
| QUALIF | ICATION T | O TEACH AT PRIMARY L | _EVEL | | |
| Qualification(s) | | arding University, llege or Institute | Final results received: Day/Month/Year | | |
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| TE | ACHING C | 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 | | nditional 🗖 | | | |
| If conditional, please tick the condition that has met: | not been fu | ulfilled and indicate the exp | iry date by which each condition must be | | |
| 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: | | | |
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DETAILS OF ACADEMIC QUALIFICATIONS – MOST RECENT FIRST

INCLUDE **LEAVING CERTIFICATE/A LEVELS, 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: Year |
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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: |
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| | | | From: |
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| | | | |

| School Name | Ad | ddress | Posi | tion(s) h | eld | Date | s |
|--------------------------|-------------|---------------------|-------------------|-----------|-----------|-------|-------|
| | | | | . , | | From: | |
| | | | | | | To: | |
| | | | | | | From: | |
| | | | | | | To: | |
| | | | | | | | |
| *IF NEWLY QUALIFIED PLEA | SE INSERT | TEACHING PRACTICE | GRADES – M | OST REC | ENT FIRS | Т | |
| School Name | | Address | Class | taught | Da | tes | Grade |
| | | | | | From: | | |
| | | | | | То: | | |
| | | | | | From: | | |
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| ADDITIONAL QUALIFICATION | NS E.G. ICT | , CERTIFICATE TO TE | ACH RELIGIO | N (IF AP | PLICABLE | :) | |
| College(s) | | Qualification and | ⁄ear | Module | es Studie | d | |
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| OTHER RELEVANT, NON-AC | CREDITED (| COURSES OR EXPERI | ENCES — MOS | ST RECEN | NT FIRST | | |
| OTHER RELEVANT, NON-AC | CREDITED (| COURSES OR EXPERI | ENCES — MOS | ST RECEN | NT FIRST | | |

| Area | Expertise/Experience/Specialism undertaken | | | |
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| OTHER RELEVANT EMPLOY | MENT EXPERIENCE – MOST F | RECENT FIRST | | |
| Employer/Project | Position | Duties | Dates | Grade |
| | | | From: | |
| | | | То: | |
| | | | From: | |
| | | | To: From: | |
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| | | | From: | |
| | | | To: | |
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| PLEASE INDICATE HOW YOU | | | IN THIS PARTICULAR | POST |
| | NOT MORE THA | N 150 WORDS | | |
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| DDITIONAL INFORM | ATION (NOT ALRE | ADY MENTIONED) TO S | UPPORT YOUR APPLIC | CATION |
| | ` | NOT MORE THAN 150 | | |
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| Personal Declarat | tion: | | | | |
|---|-----------|--------------------------|------------|-----------------------------------|--|
| If this section is not o | complet | ted, your application w | vill not l | pe considered for processing. | |
| Have you been investigated by the Gardaí, HSE, or your employer in relation to substantiated complaints made concerning your treatment of children? | | | | | |
| | YES | | NO | | |
| Were you the subjec | ct of any | / allegation of criminal | conduc | ct or wrongdoing towards a minor? | |
| | YES | | NO | | |
| Are you aware of any material circumstance in respect of your own conduct which touched/touches on the welfare of a minor? | | | | | |
| | YES | | NO | | |
| | | | | | |

The school undertakes that all responses furnished by you in respect of the above questions will be treated as confidential, subject to any reporting obligations which may be imposed on the school, pursuant to "Children First" published by the Department of Children and Youth Affairs, the Child Protection Procedures for Primary and Post Primary Schools published by the Department of Education and Skills or pursuant to any legal obligation imposed on the school to facilitate the effective investigation of crime.

In the event of your being recommended for appointment to this position the Board of Management is obliged to comply with the terms of current DES Circular Letters. The Board of Management's policy is that all new personnel recommended for appointment will be vetted and that the outcome of the vetting will be considered having regard to the school's vetting policy.

This applies in respect of all recommendations for appointment to teaching, principal, deputy principal and support staff positions where the person recommended for appointment is not currently an employee of the school and applies irrespective of whether the person has been previously vetted or not.

Please note that appointment to the position is subject to the outcome of the vetting process and the Board of Management's determination of suitability for employment in the position having regard to the vetting information received. No appointment will be confirmed until the aforementioned steps have been completed.

Further note that it is essential that you make appropriate and full disclosure in response to the questions above. In the event of an offer of employment being made to you by the board of management, this personal declaration will constitute a fundamental term of the contract of employment. If, at any time, it is subsequently established that you have made an incomplete and/or inaccurate disclosure in this declaration, you may face disciplinary action, up to and including dismissal.

| 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. | | | |
| provided. Close relatives As it is probable mobile numbers If the current er reference from The Interview E | s and friends should not be listed as refe that referees will have to be contacted outsic s) outside of working hours, are given. nployer (<i>where applicable</i>) is not named as a the current employer. | rees. le of school times referee, the Inter uitability of any re | | | |
| knowledge and advertisement a | e that all the particulars furnished on this A that I am aware of the qualifications, requ and other relevant documentation, | irements and p | particulars for this post, as set out in the | | |
| | anagement of this school is an equal oppo- ition is subject to the post not being requir | | | | |

Sunnyside, Drogheda, Co. Louth, Ireland Telephone: 041 9837812 Fax: 041 9835146 E-mail: <u>info@sacredheart.ie</u>, Web: www.sacredheart.ie

Signature _____

Please return by email to: appointments@sacredheart.ie

Date _____

Closing date: Monday 7th April 2025