

Completed Application Form to be returned to lbarnes@stbenilduscollege.com and cc'd to mbrohan@stbenilduscollege.com. All posts are subject to D.E.S. approval

St. Benildus College is a Droichead School.

Please state job(subjects as advertised on www.educationposts.ie) you are applying for:

1. Personal

Leaving Certificate:

Second Level School attended:

Year of Leaving Certificate Award and Points achieved:

Details			
Name			
Address			
Telephone			
Email			
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Teaching Council Registration Details			
Are you registered with the Teaching Council?			
What is your Teaching Registration Council number?			
Please list your subject			
Teaching Council			
2. Education Reco			

ECT	LEVEL		
d Level Qualific	ations are:		
Dates	College	Qualifications Level and Grade	
cher Education (Qualifications are:		
Dates	College	Examination Grade	
se state Grade a	attained in Teaching Practice/Place	ment :	
	attained in Teaching Practice/Place		
ditional Professio			
ditional Professio	onal Qualifications and Grades (Cer		

	4. Extra-curricular activities in which you have been and/or would be prepared to be involved?					
Please	outline:					
5. Any other relevant information:						
Please	outline:					

6. Ple	ease supply the names and addresses of two referees,	
(At le	east one of your referees should know you in a professional capacity)	
a)	Name:	
	Address:	
	Telephone:(Please include mobile number):	
b)	Name:	
	Address:	
	Telephone:(Please include mobile number):	
I certify to the Board of Management that the information provided in this application is true and correct.		
	ture of Applicant: Date:	

- ♦ The Board of Management of this school is an equal opportunities employer
- Shortlisting of candidates may take place.