

STANDARD APPLICATION FORM FOR TEACHING POST

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 *dedicated email address* provided in the advertisement and *only* to that address.

If applications are required to be submitted *by post*, the Application Form must be sent to the Chairperson's address as specified in the advertisement.

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 _____

SCHOOL _____

ROLL NUMBER _____

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

| APPLICANT'S PERSONAL DETAILS | | |
|--|---|---|
| Name (as per Teaching Council Register) | | |
| Correspondence Address | Mobile Phone No. | |
| Line 1: | Landline No. | |
| Line 2: | E-mail Address <i>(Please print clearly if completing in handwritten format)</i> | |
| Line 3: | | |
| Eircode | | |
| QUALIFICATION TO TEACH AT PRIMARY LEVEL | | |
| Qualification(s) | Awarding University College or Institute | Final results received: Day/Month/Year |
| | | |
| | | |
| | | |
| TEACHING 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 Conditional

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

INCLUDE UNDER-GRADUATE & POST-GRADUATE QUALIFICATIONS. PLEASE INCLUDE ANY QUALIFICATIONS IN SECONDARY EDUCATION, IF APPLICABLE. THE SUCCESSFUL CANDIDATE WILL BE ASKED TO PRESENT ORIGINAL DOCUMENTATION.

| Qualification & Grade | Awarding University, College or Institute | Length of Course | Final results received Day/Month/Year |
|-----------------------|---|------------------|---------------------------------------|
| | | | |
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TEACHING EXPERIENCE – MOST RECENT FIRST (IF NECESSARY EXPAND THE SECTION OR USE ADDITIONAL PAGES IF COMPLETING IN THIS 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: |
| | | | From: To: |
| | | | From: To: |
| | | | From: To: |
| | | | From: To: |

POST(S) OF RESPONSIBILITY HELD (IF ANY) – MOST RECENT FIRST

| School Name | Address | Position(s) held | Dates |
|-------------|---------|------------------|--------------|
| | | | From: To: |
| | | | From: To: |

***IF NEWLY QUALIFIED PLEASE INSERT TEACHING PRACTICE GRADES – MOST RECENT FIRST**

| School Name | Address | Class taught | Dates | Grade |
|-------------|---------|--------------|--------------|-------|
| | | | From: To: | |
| | | | From: To: | |

| | | | | |
|--|--|--|-------|--|
| | | | From: | |
| | | | To: | |
| | | | From: | |
| | | | To: | |

ADDITIONAL QUALIFICATIONS E.G. ICT, CERTIFICATE TO TEACH RELIGION (IF APPLICABLE)

| College(s) | Qualification and Year | Modules Studied |
|------------|------------------------|-----------------|
| | | |
| | | |
| | | |
| | | |

OTHER RELEVANT, NON-ACCREDITED COURSES – MOST RECENT FIRST

| |
|--|
| |
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| |

AREAS OF SPECIAL INTEREST – CURRICULAR/OTHER

| Area | Expertise/Experience/Specialism undertaken in College |
|------|---|
| | |
| | |
| | |

OTHER RELEVANT EMPLOYMENT EXPERIENCE – MOST RECENT FIRST

| Employer/Project | Position | Duties | Dates | Grade |
|-------------------------|-----------------|---------------|--------------|--------------|
| | | | From: To: | |
| | | | From: To: | |
| | | | From: To: | |
| | | | From: To: | |

**PLEASE INDICATE HOW YOU THINK YOUR EXPERIENCE/SKILL(S) CAN ASSIST IN THIS PARTICULAR
NOT MORE THAN 150 WORDS**

**PLEASE INDICATE HOW YOU THINK YOU CAN CONTRIBUTE TO THE ETHOS AND SUCCESS OF THIS S
NOT MORE THAN 150 WORDS**

[Empty box for additional information]

ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION

NOT MORE THAN 150 WORDS

[Empty box for additional information]

| 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. | |

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