Please note:

This form must be signed.
All questions must be answered.
Do not change the question numbers or sequence.

Office use only
Date Received:

APPLICATION FOR TEACHING POSITION:_____

TEACHING COUNCIL SUBJECTS: _____

1. PERSONAL DETAILS

First Name:	**Surname:**
Home Address:	**Correspondence Address:** ***(if different)***
Home Phone Number:	**Mobile Phone Number:**
Email Address:	

Are there any restrictions regarding your employment? Yes ☐ N ☐
(if you answer Yes, please provide details on separate sheet)

Do you require a Work Permit? Yes ☐ N ☐

Are you registered with the Teaching Council? Yes ☐ N ☐

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 DEY and will have to fulfill DEY conditions which include registration with the Teaching Council.

2. PRESENT POSITION

Please give details of your current position:		
Employer:	**Address:**	**Job Title:**
How much notice do you need to give your current employer?		

3. QUALIFICATIONS

3.1 Second Level Education		
Leaving Certificate/Equivalent Year _____		
School attended:		
Subject	Grade	Hons/Ord

3.2 Primary Degrees/Diplomas:	
University/Institute/College:	
Qualification (Hons/Pass):	Awarding Body:
Final Grade:	
Year of Entry:	Year Qualified:
Subjects studied:	
First Year Subjects	Final Year Subjects

3.3 PME/PGDE/HDIP/Equivalent:	
University/Institute/College:	
Qualification:	Awarding Body:
Final Grade:	
Year of Entry:	Year Qualified:
Subjects studied:	

3.4 Postgraduate Qualifications		
University/Institute/College:		
Qualification:	Awarding Body	
Final Grade:		

3.5 In-Service Courses/Training

List any in-service courses/training you have received. Please include dates of the relevant training and duration of these courses. Start with the most recent and work backwards.

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

4.2 Non-Teaching Experience (if applicable)

Please provide details of your work history beginning with the most recent post.

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

5. SUPPORTING STATEMENT

This section is for you to provide a summary of your teaching experience, your approach to teaching and 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 SIGNATURE

In the event of you being recommended for this position, the Board of Management is obliged to comply with the terms of current DEY circular letters.

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

Completed Applications should be returned by email on or before 14:00 on Thursday, 19th November, 2026 and addressed to:

The Secretary,
Board of Management,
Malahide Community School,
Broomfield,
Malahide,
Co. Dublin,
K36 PR28.

Email address: office@malahidecs.ie

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.