### 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:

No letter of application, CV or written reference should accompany this form.

### APPLICATION FOR ENGLISH/LCVP/EAL TEACHING POSITION

# 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 employ (if you answer Yes, please provide details on se				
Do you require a Work Permit?	Yes No			
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.				

# 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		G	rade	Hons/Ord
3.2 Primary Degrees/Diplomas:				
University/Institute/College:				
Qualification (Hons/Pass):	(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 Qualifie	d:		
Subjects studied:					
3.4 Post graduate Qualificat	tions				
University/Institute/College:					
Qualification:		Awarding Body			
					<u> </u>
3.5 In-Service Courses/Train List any in-service courses/train	ing you have received. P	lease include da	ates of the relevant training	and duration	of
these courses. Start with the mo Name of Course	st recent and work backwa Name of Organisation	ards.	Length of Course	Year	
	running cou				

# 4. EMPLOYMENT HISTORY

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

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

**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 DES circular letters.				
If you are recommended for this the Board of Management when withdraw an offer of employmen	the offer of employment is being	ng made. The Board of M	anagement may	
The Board of Management cann disclosure.	ot enter into a Contract of Emp	loyment without first rece	iving a vetting	
By signing below, you consent to Bureau, being made available to	•	,	<u> </u>	
You are also required to sign the declaration below certifying that all information you have provided is accurate.				
The Selection Committee may we Providing incorrect information of from the selection process or, where the selection process or the selection proc	r deliberately concealing any re	elevant facts may result in		
I declare that the information sup	oplied in this application form is	accurate and true.		
Signed		Date		

Completed Applications should be returned by post only on or before 20/06/2019 to:

The Secretary, Board of Management, Cashel Community School, Cashel, Co. Tipperary.

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.