### APPLICATION FORM FOR PRIMARY PRINCIPALSHIP

#### **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 <u>dedicated email address</u> provided in the advertisement and only to that address.

If applications are required to be submitted <u>by post</u>, 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 DO NOT

- enclose/attach a separate letter of application or
- enclose/attach a Curriculum Vitae or
- enclose/attach any certificates.

The successful candidate will be required to present original documents in relation to teaching/other qualifications prior to appointment.

For office use	Received by:	Date:	Time:
only			

	APPLICANT'S	PERSONAL DETAILS		
Name (as per Teaching Council Register)				
Correspondence Address		Mobile Phone No		
		Landline No.		
	E-mail Address			
	(Please print clearly if completing in handwritten format)			
Total length of accredited service as a primary teacher in Ireland		Total length of accre		
primary teacher in freiand				
		TEACH AT PRIMARY LE		
Qualification(s)	Awarding Un Institute	niversity, College or	Final results Day/Mor	
motitute				
	TEACHING CO	UNCIL REGISTRATION		
Registration Number:				
Registered under Regulation (plea	se tick as appi	ropriate):		
Regulation 2 (Primary)				
Regulation 3 (Montessori and Other	Categories)			
Regulation 4 (Post-primary)				
Regulation 5 (Further Education				
Registration Status: Full	Condit	ional 🗖		
If conditional, please state the condition(s) and the date by which each condition must be met:				
Condition 1:	Expiry Date:			
Condition 2:	Expiry Date:			
Condition 3:	Expiry Date:			
Pending: If pending, please state the	e date of subm	nission of application:_		_
Have you completed the registration	on condition (	of Probation? Yes	□ No □	
If yes in what setting? Mainstr	eam 🗖	Restricted $\square$		

DETAILS OF ACADEMIC QU	ALIFICAT	IONS - MOST RECENT	FIRST		
INCLUDE UNDER- GRADUATE & PO	OST-GRADUA	TE QUALIFICATIONS. THE SUC	CESSFUL CANDIDATI	E WILL BE ASKED TO P	RESENT ORIGINAL DOCUMENTS
Qualification		Awarding University Institute		Length of Course	Final results received: Day/Month/Year
TEACHING EXPERIENCE - MC HANDWRITTEN FORMAT).	OST RECENT	FIRST (IF NECESSARY EXPAI	ND THE SECTION O	R USE ADDITIONAL P.	AGES IF COMPLETING IN
School Name &	Dates	of service	Pocit	ion(s) hold	Dates
Address	in th	ne school	Posit	ion(s) held	_
					From: To:
					From: To:
					From: To:
					From: To:
					10.
					From:
					То:
Post(s) of Responsibility	TY HELD	(IF ANY) – MOST RECEN	T FIRST		
School Name		Address	Pos	ition(s) held	Dates
					From:
					То:
					From:
					То:
					From:
					То:
					From:

To:

College(s)	Qualification	Year of Award	Modules Studied
HER RELEVANT, NON-ACCREDI	ITED COURSES - MOS	T RECENT FIRST:	
Course Provider	Duration and `	Year of Study	Modules Studied
LEASE PROVIDE A BROAD OVER			

PLEASE OUTLINE ANY PREPARATION YOU HAVE UNDERTAKEN WITHIN THE LAST FIVE YEARS TO PREPARE YOU FOR DEPUTY PRINCIPALSHIP (PROFESSIONAL DEVELOPMENT / IN-SERVICE OR OTHER FORMS OF PREPARATION) (150 WORDS APPROX.)
DESCRIBE BRIEFLY AN AREA OF LEADING THE LEARNING AND TEACHING IN YOUR SCHOOL CONTEXT (150 WORDS
APPROX.)

DEPUTY PRINCIPAL	WHITECROSS N.S.	ROLL NR. 17705J
WHAT IS YOUR PERSONAL VISI	ION FOR THE ROLE OF DEPUTY PRINCIPAL I	N A SCHOOL?
WHAT STRENGTHS OR QUALIT	IES WOULD YOU BRING TO THIS PARTICULA	AR POST?
WHY HAVE YOU APPLIED TO BE	ECOME DEPUTY PRINCIPAL OF THIS PARTIC	UII AR SCHOOL?
WITH HAVE 100 ATTELED TO BE	- COME DEL OTT TRINGIL AL OF THIS FARTIO	OLAN GOITGGE!

AREAS OF SPECIAL INTEREST - CU	RRICULAR /OTHER		
Area		Expertise/Experie	nce
OTHER RELEVANT EMPLOYMENT E	EXPERIENCE - MOST RECE	ENT FIRST	
Employer/Project	Position	Duties	Dates
			From: To:
ADDITIONAL INFORMATION (NOT AL	READY MENTIONED) TO	SUPPORT YOUR APPLICATI	ION.

Names & Contact Details of Referees*			
	Reference 1		Reference 2
Name		Name	
Role		Role	
Address		Address	
Work Tel Number		Work Tel Number	
Home Tel Number		Home Tel Number	
Mobile Number		Mobile Number	
	Reference 3		Reference 4
Name		Name	
Role		Role	
Address		Address	
Work Tel Number		Work Tel Number	
Home Tel Number		Home Tel Number	
Mobile Number		Mobile Number	

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