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

	Received by:	Date:	Time:
Office use only			

APPLICANT'S PERSONAL DETAILS			
Name (as per Teaching Council Register)			
Correspondence Address		bile Phone No	
Line 1:	Lan	ndline No.	
Line 2:		nail Address (Please print	
Line 3:		clearly if completing in handwritten format)	
Eircode:			
QUALIF	ICATIO	N TO TEACH AT PRIMARY L	_EVEL
Qualification(s)		Awarding University, College or Institute	Final results received: Day/Month/Year
Ti	EACHIN	G COUNCIL REGISTRATION	
Registration Number		_	
Registered under Regulation (please tick as	appropr	riate):	
Route 1 Primary (Formerly Regul	ation 2)		
Route 2 Post Primary (Formerly Regul	ation 4)		
Route 3 Further Education (Formerly Regul	ation 5)		
Route 4 Other (Formerly Regul	ation 3)		
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 SPECIAL EDUCATION, IF APPLICABLE. THE SUCCESSFUL CANDIDATE WILL BE ASKED TO PRESENT ORIGINAL DOCUMENTS.

Qualification & Grade	Awarding University, College or Institute	Length of Course	Final results received: Day/Month/Year

**TEACHING EXPERIENCE** — MOST RECENT FIRST (IF NECESSARY EXPAND THE SECTION OR USE ADDITIONAL PAGES IF COMPLETING IN HANDWRITTEN 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:
			То:
			From:
			То:
			From:
			To:
			From:
			То:
			From:
			То:

# GALWAY EDUCATE TOGETHER N.S.

ROLL No. 20000L

Post(s) of Responsibility	Y HELD (IF	ANY) - MOST RECENT FIRS	ST				
School Name	Ad	ddress	Posi	tion(s) h	eld	Dates	<b>i</b>
						From:	
						То:	
						From:	
						То:	
*IF NEWLY QUALIFIED PLEAS	SE INSERT	TEACHING PRACTICE GRA	ADES - M	OST REC	ENT FIRS	Т	
School Name		Address	Class	taught		tes	Grade
					From:		
					To:		
					From:		
					To:		
					From:		
					To:		
					From:		
					То:		
					1		
ADDITIONAL QUALIFICATION	IS E.G. ICT	, CERTIFICATE TO TEACH	H RELIGIO	N (IF AP	PLICABLE	:)	
ADDITIONAL QUALIFICATION College(s)	IS E.G. ICT	, CERTIFICATE TO TEACH			PLICABLE es Studie		
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		Qualification and Year					
College(s)		Qualification and Year					
College(s)		Qualification and Year					
College(s)		Qualification and Year					

AREAS OF SPECIAL INTERES	ST - CURRICULAR/OTHER			
Area	Expertise/Experience/Specialism undertaken in College			
OTHER RELEVANT EMPLOY	MENT EXPERIENCE – MOST	RECENT FIRST		
Employer/Project	Position	Duties	Dates	Grade
			From:	
			То:	
			From:	
			То:	
			From:	
			To: From:	
			To:	
	_ <b>L</b>	L	10.	
PLEASE INDICATE HOW YOU	THINK YOUR EXPERIENCE	/SKILL(S) CAN ASSIST	IN THIS PARTICULAR	POST
	NOT MORE TH	AN 150 WORDS		

PLEASE INDICATE HOW YOU THINK YOU CAN CONTRIBUTE TO THE ETHOS AND SUCCESS OF THIS SCHOOL  NOT MORE THAN 150 WORDS
ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION  NOT MORE THAN 150 WORDS
TOT HORE THE TOT WORLD

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 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