Obair le Chéile	MONAGHAN COLLEGIATE SCHOOL Please insert a							
Flourish as Individuals	Application Form For Teaching Posts			_	ort size ograph	e		
		Job Information	n					
Position applied for	Maths & Scie	nce						
Hours	22 hours							
Additional Information								
Closing date of	20 th May 202	1						
application.	,							
		Daysayal Data	la.					
		Personal Detai	IS					
Name								
Home Address				bile pho nber	ne			
			_		e number			
			PPS	No				
				cher Cou nber	ıncil			
			INUI	iibei				
School Details								
Roll Number	64830E							
Chairperson	Rev Stephen	McNie						
School	Monaghan Co	llegiate School						
Address	Corlatt, Mona	ighan						
County	Monaghan							
Eircode	H18 X027							
Patronage		of Ireland & Pres	byte	rian				
For Official use	Received by		_	Date	//_		Time	

All information provided in this form is confidential to the Interview Selection Board. It will be held safe until the appointment process has been concluded, after which it will be destroyed.

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INCLUDE UNDER G	SKADUATE & PUS	T-GRADUATE QUALIFICATIONS. DOCU	JMENTS	SSFUL CANDIDATE MA	Y BE ASKED TO PRESE	NI ORIGINAL
Degree etc	Grade	Subjects	Awa	arding Body	Length of course	Year of Award
		Teaching (Qualifica	ation		
Qualification	Grade	Subjects	Awa	arding Body	Length of course	Year of Award
THE DELEVA	NT NON A		MOCT	DECENT FIRET		
OTHER RELEVA	NT, NON-A	CCREDITED COURSES	- MOST	RECENT FIRST:		
OTHER RELEVAN	T EMPLOYME	NT EXPERIENCE - MOS	T RECEN	IT FIRST		
Employer	/Project	Position		Dut	ies	Dates
						From
						То
						From
						То

TEACHING EXPERIENCE - MOST RECENT FIRST *IF NEWLY QUALIFIED SEE BELOW						
PROBATED: YES No						
School Name	Address	Subjec	cts taught	Dates		
				From		
				T-0		
				To From		
				110111		
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	-					
*IF NEWLY QUALIFIED PLEASE II	NSERT TEACHING PRACTICE GRADE	s – MOST RECENT FIR	RST			
School Name	Address	Subjects	Dates	Grade		
		taught				
			From			
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	APPLICABLE)— MOST RECENT FIR	ST Positio	n Held	Dates		
POST(s) OF RESPONSIBILITY (IF School Name	APPLICABLE)— MOST RECENT FIR Address		n Held	Dates From		
			n Held			
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			n Held	From To From		
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	Address		n Held	From To From		
School Name	Address			From To From		
AREAS OF SPECIAL INTEREST	Address	Positio		From To From		
AREAS OF SPECIAL INTEREST	Address	Positio		From To From		
AREAS OF SPECIAL INTEREST	Address	Positio		From To From		
AREAS OF SPECIAL INTEREST	Address	Positio		From To From		
AREAS OF SPECIAL INTEREST	Address	Positio		From To From		
AREAS OF SPECIAL INTEREST Area	Address	Positio Expertise/E	xperience	From To From		

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ADDITIONALIN	IFORMATION (NOT ALREADY MEI	NTIONED) TO SUPPORT YOUR APPLIC	CATION.
ADDITIONAL IN	FORMATION (NOT ALREADY MEI	NOT MORE THAN 150 WORDS	ATION.
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Please Note:

- 1. Please include at least one referee who knows you in a professional capacity
- 2. Please include at least one referee who knows you in a personal capacity
- **3.** Close relatives and friends should not be listed as referees
- **4.** As it is probable that referees will have to be contacted outside of school times, it is crucial that phone numbers at which referees can be contacted (three if possible) are given.
- 5. Two written references should be submitted with the application.

Please Note:

- 1. The application form must be sent to the School address provided in the advertisement.
- 2 Please submit three copies of this application form.
- 3 The completed form must arrive to the School address on or before the date and time as specified above.
- 4 This form may be completed electronically or in handwriting using black ink. It must be signed and submitted in hard copy only.
- 5 Canvassing will disqualify.
- 6 DO NOT
 - a. Enclose a separate letter of application.
 - b. Send a Curriculum Vitae with this form.
 - c. Enclose any certificates with this form. The successful candidate will be required to present original documents in relation to Teaching/other Qualifications prior to appointment.

Names & Contact Details of Referees						
	Referee 1 (pro	ofessional)		Refere	ee 2 (personal)	
Name			Name			
Role			Role			
Address			Address			
Work Tel Number:			Work Tel Number:			
Home Tel Number:			Home Te			
Mobile Tel Number:			Mobile Te Number:	el .		
UNDERTAKING						
I certify to the Board of Management that the information provided herewith is true and correct.						
Signature				Date	/	