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 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.

	Received by:	Date:	Time:
Office use only			

APPLICANT'S PERSONAL DETAILS				
Name (as per Teaching Council Register)				
Correspondence Add	Iress	Mobile	e Phone No	
Line 1:			ine No.	
Line 2: Line 3:			Address (Please print f completing in	
Eircode			itten format)	
	QUALIFI	CATION T	O TEACH AT PRIMARY L	_EVEL
Qualificatio	on(s)	Awarding University, College or Institute		Final results received: Day/Month/Year
	TE	ACHING C	COUNCIL REGISTRATION	
Registration Number				
Registered under Regulation		appropriate	9):	
Route 1 Primary				
Route 2 Post Primary	(Formerly Regula			
Route 3 Further Education	(Formerly Regula	tion 5)		
Route 4 Other	(Formerly Regula	tion 3)		
Registration Status: F	Tull 🗖	Cor	nditional	
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		J	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:
			To:
			From:
			To:
			From:
			To:
			From:
			To:
			From:
			То:

All information provided in this form is confidential to the Selection Board

Post(s) of Responsibilit	Y HELD (IF	ANY) – MOST RECENT FIF	RST				
School Name	Ad	ddress	Posi	tion(s) h	neld	Dates	3
						From:	
						To:	
						From:	
						To:	
*IF NEWLY QUALIFIED PLEAS	SE INSERT	TEACHING PRACTICE GF	RADES - M	OST REC	ENT FIRS	Т	
School Name		Address	Class	taught		tes	Grade
					From:		
					То:		
					From:		
					То:		
					From:		
					То:		
					From:		
					То:		
.	107						
ADDITIONAL QUALIFICATION	IS E.G. IC I						
College(s)		Qualification and Yea	ır	Modul	es Studie	d	
OTHER RELEVANT, NON-AC	CREDITED (COURSES - MOST RECE	NT FIRST				

Area Expertise/Experience/Specialism undertaken in College				
	Expertise/Experience/o	pecianism undertake	ii iii oonege	
OTHER RELEVANT EMPLOYME	NT EXPERIENCE – MOST R	ECENT FIRST		
Employer/Project	Position	Duties	Dates	Grad
			From:	
			To:	
			From:	
			To:	
			From:	
			To: From:	
			To:	
		l		I
PLEASE INDICATE HOW YOU TH	IINK YOUR EXPERIENCE/S	KILL(S) CAN ASSIST	IN THIS PARTICULAR	POST
	NOT MORE THAN	N 150 WORDS		

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

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 Nr		Mobile Nr		
	Referee 3		Referee 4	
Name		Name		
Role		Role		
Address		Address		
Work Tel Number		Work Tel Number		
Home Tel Number		Home Tel Number		
Mobile Nr		Mobile Nr		

*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.

	<u> </u>
Signature	Date