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.

	Office use only					
		АРР	LICANT'S PERSONAL D	ETAILS		
Name (as per Teaching Council Register)						
Coı	rrespondence Addre	ess	Mobile Phone No			
Line	1:		Landline No.			
Line	2:		E-mail Address (Pleas	e print		
Line	3:		clearly if completing in			
Eirc	ode		handwritten format)			
		QUALIFIC	ATION TO TEACH AT PRI	MARY LEVEL		
	Qualification	(s)	Awarding Universi College or Institut	· · · · · · · · · · · · · · · · · · ·	esults received: //Month/Year	
		TEA	CHING COUNCIL REGISTI	RATION		

Time:

Date:

Received by:

Killinkere NS Roll No; 15502I

Mainstream Class Teacher

Registration Number					
Registered under Regulati	on (please tick	as appropriate):			
Route 1 Primary	(Formerly Reg	ulation 2)			
Route 2 Post Primary	(Formerly Reg	ulation 4)			
Route 3 Further Education	(Formerly Reg	ulation 5)			
Route 4 Other	(Formerly Reg	gulation 3)			
Registration Status: F	Full 🗖	Condition	onal 🗖		
If conditional, please tick the met:	condition that h	nas not been fulfille	ed and inc	licate the expiry date by v	which each condition must be
Condition 1: Droichead/Prob	pation		Expiry [Date:	
Condition 2: Induction Works	shop Programm	e 🗖	Expiry D	Date:	
Condition 3: Irish Language	Requirement		Expiry D	0ate:	
Condition 4: Qualification Sh	nortfall		Please s	pecify:	
			Expiry D)ate:	
DETAILS OF ACADEMIC (DIALIEICATIO	NS - MOST PEC	ENIT EIDS	.T	
INCLUDE UNDER-GRADUATE EDUCATION, IF APPLICABLE.	& POST-GRAD	UATE QUALIFICATI	ONS. PLE	EASE INCLUDE ANY QUAL	
Qualification & Gra		warding Univer		Length of Course	Final results received: Day/Month/Year

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

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TEACHING EXPERIENCE — M *IF NEWLY QUALIFIED, PLEASE O	OST RECENT FII GO TO NEXT P	RST (IF NECESSARY EXPAND THE SE AGE	ECTION OR USE ADDITIONAL PAG	GES IF COMPLE	ting in Handwf	RITTEN FORMAT).
School Name & Address		Date(s) of service in the school	Position(s) held	Date	s in each	Position
				From	:	
				To:		
				From	:	
				То:		
				From	1:	
				То:		
				From	:	
				То:		
				Fron	ղ:	
				То:		
POST(S) OF RESPONSIBILIT	Y HELD (IF A	 NY) – Most recent fif	RST			
School Name	Ad	dress	Position(s) h	eld	Dates	3
					From:	
					To:	
					From:	
					То:	
*IF NEWLY QUALIFIED PLEAS	SE INSERT T	EACHING PRACTICE GF	RADES - MOST REC	ENT FIRS	Т	
School Name		Address	Class taught	Da	tes	Grade
				From:		

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

To:

From: To:

From:

					10.	
					From:	
					То:	
	1					
ADDITIONAL QUALIFICATIONS E	.g. ICT	, CERTIFICATE TO TEACH	RELIGIO	N (IF APF	PLICABLE)	
College(s)		Qualification and Year		Module	es Studied	
OTHER RELEVANT, NON-ACCRE	EDITED (COURSES - MOST RECEN	Γ FIRST			
ADEAG OF SDEGIAL WITTER	011551	OUL ADJOTUED				
AREAS OF SPECIAL INTEREST -						
Area	Exper	tise/Experience/Speciali	sm unde	rtaken ir	n College	

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OTHER RELEVANT EMPLOYMENT EXPERIENCE – MOST RECENT FIRST

Employer/Project	Position	Duties	Dates	Grade
			From:	
			То:	
			From:	
			To:	
			From:	
			To:	
			From:	
			To:	

PLEASE INDICATE HOW YOU THINK YOUR EXPERIENCE/SKILL(S) CAN ASSIST IN THIS PARTICULAR POST			
	NOT MORE THAN 150 WORDS		
	CAN CONTRIBUTE TO THE ETHOS AND SUCCESS OF THIS SCHOOL		
	NOT MORE THAN 150 WORDS		

Mainstream Class Teacher		
ADDITIONAL INFORMATION (NOT ALR		OUR APPLICATION
	NOT MORE THAN 150 WORDS	

Killinkere NS Roll No; 15502I

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.

Killinkere NS	
Roll No; 15502I	
Mainstream Class Teacher	

Signature	Date
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