Please note:

This form must be signed.
All questions must be answered.
Do not change the question numbers or sequence.

Office use only
Date Received:

APPLICATION FO	OR TEACHING POSITION
TEACHING COUNCIL SUBJECTS:	

1. PERSONAL DETAILS

First Name:		Surname:				
Home Address:		Correspondence Addr	ess: (ii	differe	ent)	
Home Phone Num	shor:	Mobile Phone Number				
Tione Flione Num	ibei.	Woone Flione Number	•			
Email Address:						
Are there any restri	ctions regarding your employ	ment?	Yes		No	
(if you answer Yes,	please provide details on sep	parate sheet)				
D	/- als Dames'(0		V		NI.	
Do you require a W	ork Permit?		Yes		No	
Are you registered	with the Teaching Council?		Yes		No	
. ,	3					
If YES, Teaching Council Registration Number:						
If NO are you eligib	ole for registration and willing	to register?				
ii 140, are you eligii	olo for regionation and willing	to register:				
Please note that the successful candidate will be paid by DES and will have to fulfill DES conditions which include registration with the Teaching Council.				nditions which		

2. PRESENT POSITION

Please give details of your current position:					
Employer:	Address:		Job Title:		
How much notice do you need to	o give				
your current employer?	9.10				
3. QUALIFICATIONS					
3.1 Second Level Education					
Leaving Certificate/Equivalent					
Year					
School attended:				11	
Subject		G	rade	Hons/Ord	
3.2 Primary Degrees/Diplomas:					
University/Institute/College:					
Qualification (Hons/Pass):		Awarding Body:			
Final Grade:					
Year of Entry: Year Qualif			ualified:		
Subjects studied:					
First Year Subjects		Final Year	Subjects		

3.3 PGDE / HDIP / Equivaler	<u>1t)</u> :			
University/Institute/College:				
Qualification:		Awarding Boo	dy:	
Final Grade:				
Year of Entry:		Year Qualifie	d:	
Subjects studied:				
		l		
3.4 Post graduate Qualification	tions			
University/Institute/College:				
Qualification:		Awarding Boo	dy	
Final Grade:				
3.5 In-Service Courses/Train List any in-service courses/train	ning	lease include da	otes of the relevant training	and duration of
these courses. Start with the mo	st recent and work backw	ards.		
Name of Course	Name of Organisation running cou		Length of Course	Year
			-	
				1

4. EMPLOYMENT HISTORY

4.1 Teaching ExperiencePlease provide details of your teaching experience beginning with the most recent post.

Dates (From/To)	Name & Address of School	Contract Type PWT/RPT/Part- time	If pro-rata part-time, timetabled hours per week.	Subjects Taught	Level

4.2 Non-Teaching Experience (if applicable)Please provide details of your work history beginning with the most recent post.

Dates	Name & Address of	Position held	Summary of Main Duties
(From/To)	Employer		

5. SUPPORTING STATEMENT

This section is for you to provide a summary of your teaching experience, your approach to teaching and any extra-curricular activities you have organised and are willing to promote.			

6. REFERENCES

Please provide names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work to whom professional reference can be made. One should be your current or most recent employer. [Please note: your referees may be contacted without further communication with you and prior to selection interview if shortlisted for interview].

Present or most recent employer:

Name & Title:	Position Held:	Telephone/Mobile:	Email:
Full address:			
Other referee:			
		I	
Name & Title:	Position Held:	Telephone/Mobile:	Email:
Full address:			
O DECLADATION AND C	CNATURE		
8. DECLARATION AND SI	GNATURE		
In the event of you being recomme the terms of current DES circular le		d of Management is ob	liged to comply with
If you are recommended for this po the Board of Management when th withdraw an offer of employment if	e offer of employment is being	made. The Board of Ma	anagement may
The Board of Management cannot disclosure.	enter into a Contract of Employ	ment without first rece	iving a vetting
By signing below, you consent to a Bureau, being made available to th			
You are also required to sign the daccurate.	eclaration below certifying that	all information you hav	e provided is
The Selection Committee may wish Providing incorrect information or of from the selection process or, whe	deliberately concealing any rele	vant facts may result in	
I declare that the information supp	lied in this application form is ac	ccurate and true.	
Signed		 Date	
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Completed Applications should be returned <u>by post or email</u> on or before <u>13:00 on</u> Wednesday 4th August 2021.

- <u>The Secretary, Board of Management, Malahide Community School, Broomfield, Malahide Co. Dublin.</u>
- office@malahidecs.ie

PLEASE NOTE: If you are awaiting confirmation of registration with the Teaching Council, please insert 'Pending' in the Teacher Registration Number section of this Application Form. Any offer of employment will be conditional on registration with the Teaching Council and subject to the satisfactory outcome of the Garda Vetting Process and satisfactory references.