



APPLICATION FORM MATERNITY LEAVE POST: SPECIAL EDUCATION TEACHER (SET)

Brannoxtown Community National School

Position advertised: 15 September - Closing date: 28 September

Start date: 01 November 2021

Applicant's Name	
Position applied for	Maternity Leave, Brannoxtown CNS (Special Education Teacher, SET)
Roll Number	16817P

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Director of Schools	Mr. Ken Scully, KWETB
Chairperson	Ms. Deirdre O' Donovan
School	Brannoxtown Community National School (CNS)
Address	Brannockstown, Kilcullen
County	Co. Kildare
Eircode	W91 NY67

Please Note:

- 1. The application form must be emailed to the address specified on www.educationposts.ie:
 - bcnsrecruitment@kwetb.ie
- 2. The completed form must arrive to the address on or before the date and time as specified in the advertisement:
 - Tuesday, September 28th, 5pm.
- 3. Canvassing will disqualify.

DO NOT

- a. Send a Curriculum Vitae with this form. You may be asked to provide a CV at a later stage of the recruitment process
- b. Enclose any certificates with this form. The successful candidate may be required to present original documents in relation to Teaching/other Qualifications prior to appointment.

For official use only	Received By:	Date:	Time:	Short listing score:

PERSONAL DETAILS						
Name						
Home Address		Mobile Telephone:				
		Other Telephone:				
		Teaching Council Registration:				
E-mail Address						
*PLEASE INSERT TE	ACHING PRACTICE GRADE	ES – IF	AVAILABLE			
School Name	Address	Class(es) taught Dates		Dates	Grade	
				From		
				То		
				From		
				То		
				From		
				То		
TEACHING EXPERIE	NCE - MOST RECENT FIRST:		PROBATED	: YES 🗆	No 🗆	
TEACHING EXPERIENT School Name	NCE - MOST RECENT FIRST: Address		PROBATED Position held	: YES 🗆	Dates	
				: Yes 🗆	Dates From	
				: Yes 🗆	Dates From To	
				: YES 🗆	Dates From To From	
				: Yes 🗆	Dates From To	
				: YES	Dates From To From To	
				: Yes 🗆	Dates From To From To From	
School Name		TRST:		: YES	Dates From To From To From	
School Name	Address	TRST:		: YES	Dates From To From To From	
School Name Post(s) of Respon	Address NSIBILITY - MOST RECENT F	TIRST:	Position held	e: Yes 🗆	Dates From To From To From To To	
School Name Post(s) of Respon	Address NSIBILITY - MOST RECENT F	TRST:	Position held	e: Yes 🗆	Dates From To From To From To To	

EDUCATION QUALIFICATI	ONS - MOST	RECENT FIRST:		
INCLUDE UNDER GRADUATE & POST-GR	RADUATE QUALIFIC	CATIONS. THE SUCCESSFUL CANDIDATE MAY	BE ASKED TO PRESENT ORI	GINAL DOCUMENT
Qualification		Awarding University, College or Institute	Overall Grade	Year of Award
			0.000	
OST RELEVANT COURSES	S TAKEN/PR	OFESSIONAL DEVELOPMENT-	MOST RECENT FIRS	ST:
		RIENCE - MOST RECENT FIRST:		
Employer/Project Po		ition Du1		
		Ju.	ies	Dates
			ies	Dates
AREAS OF SPECIAL INTE	REST - CUR	RICULAR /OTHER		Dates
AREAS OF SPECIAL INTE	REST - CUR			Dates
	EREST - CUR	RICULAR /OTHER		Dates
	EREST - CUR	RICULAR /OTHER		Dates
	EREST - CUR	RICULAR /OTHER		Dates

	TANDING OF THE COMMUNITY NATIONAL SCHOOL MODEL? T DIFFER FROM OTHER PATRONAGE MODELS? NOT MORE THAN 150 WORDS.
2. WHY ARE YOU APPLYING I	FOR THIS POSITION IN A NEW, START-UP PRIMARY SCHOOL? NOT MORE THAN 150 WORDS.
	ING STRATEGIES DO YOU THINK ARE ESPECIALLY APPROPRIATE MULTIGRADE JUNIOR ROOM SETTING? NOT MORE THAN 150 WORDS.

4. How do you plan for and teach children with special needs? How do you differentiate your teaching for all children? Not more than 150 words.
5. What are the most significant strengths and qualities THAT YOU WOULD BRING TO THIS POSITION? NOT MORE THAN 150 WORDS.
6. Additional information to support your application.
Not more than 150 words.

REFEREES: NAMES & CONTACT DETAILS

Note:

- Please include at least two referees who know you in a professional capacity.
 Close relatives and friends should not be listed as referees.

F	teferee 1 (professional)		Referee 2 (Professional)	
Name		Name		
Role		Role		
Address		Address		
Phone Number 1:		Phone Number 1:		
Phone Number 2:		Phone Number 2:		
Email:		Email:		
F	teferee 3 (professional)	Note:		
Name				
Role		If it is not possible for you to include you electronic signature below, please type		
Address		name and add the following statement		
Phone Number 1:		I enter my name electronically in place of m signature and I agree to be bound by the terms.		
Phone Number 2:				
Email:		set-out he	erein.	
Signatu	re:		Date:	