#### 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			

**ROLL NR: 16083T** 

	Ar	PLICA	NT'S PERSONAL DETAILS	<b>S</b>
Name (as per Teachir Register)	ng Council			
Correspondence Add	dress	Mob	ile Phone No	
Line 1:		Lan	dline No.	
Line 2:			ail Address (Please print	
Line 3:			ly if completing in written format)	
Eircode			·	
	QUALIF	ICATION	N TO TEACH AT PRIMARY L	EVEL
Qualificatio	on(s)		warding University, College or Institute	Final results received: Day/Month/Year
	TE	ACHINO	COUNCIL REGISTRATION	
Registration Number			-	
Registered under Regulati	i <b>on</b> (please tick as	appropri	ate):	
Route 1 Primary	(Formerly Regula	tion 2)		
Route 2 Post Primary	(Formerly Regula	ition 4)		
Route 3 Further Education	(Formerly Regula	ition 5)		
Route 4 Other	(Formerly Regula	ation 3)		
Registration Status: F	Full 🗖	C	Conditional	
If conditional, please tick the met:	e condition that has	not bee	n fulfilled and indicate the exp	iry date by which each condition must be
Condition 1: Droichead/Probation			Expiry Date:	
Condition 2: Induction Workshop Programme			Expiry Date:	
Condition 3: Irish Language	Requirement		Expiry Date:	
Condition 4: Qualification Sh	nortfall		Please specify:	
			Expiry Date:	

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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:
			To:

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

ROLL	Np.	16083T
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Post(s) of Responsibility	Y HELD (IF	ANY) – Most recent firs	ST.				
School Name	Ad	ddress	Posi	tion(s) h	neld	Date	es
						From:	
						To:	
						From:	
						To:	
*IF NEWLY QUALIFIED PLEAS	SE INSERT	FEACHING PRACTICE GRA	ADES - M	OST REC	ENT FIRS	Т	
School Name		Address	Class	taught		tes	Grade
					From:		
					To:		
					From:		
					To:		
					From:		
					То:		
					From:		
					То:		
ADDITIONAL QUALIFICATION	IS E.G. ICT	, CERTIFICATE TO TEACH	H RELIGIO	N (IF AP	PLICABLE	<b>:</b> )	
College(s)		Qualification and Year		Modul	es Studie	d	
OTHER RELEVANT, NON-ACC	CREDITED (	COURSES - MOST RECEN	IT FIRST				

Roll Nr: 16083T
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Area	Expertise/Experience/S	pecialism undertake	n in College			
7.1.04		Expertise/Experience/Specialism undertaken in College				
OTHER RELEVANT EMPLOY	Y <b>MENT EXPERIENCE –</b> MOST F	RECENT FIRST				
Employer/Project	Position	Duties	Dates	Grade		
Lilipioyei/i Toject	1 OSITION	Duties	From:	Grade		
			To:			
			From:			
			To:			
			From:			
			To:			
			From:			
			To:			
_						
PLEASE INDICATE HOW YOU	U THINK YOUR EXPERIENCE/S		IN THIS PARTICULAR	POST		
	NOT MORE THA	N 150 WORDS				

	CAN CONTRIBUTE TO THE ETHOS AND SUCCESS OF THIS SCHOOL NOT MORE THAN 150 WORDS
	DY MENTIONED) TO SUPPORT YOUR APPLICATION
I I	NOT MORE THAN 150 WORDS

**ROLL NR: 16083T** 

### \*Please Note:

Home Tel

Mobile Nr

Number

- 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.

Home Tel

Mobile Nr

Number

- **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.

Signature	Date
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