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 <u>only to that address</u>.

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 Address	Mobile Phor	ne No					
Line 1:	Landline No	•					
Line 2:	E-mail Addr	ess (Please print					
Line 3: Eircode	handwritten for	nat)					
		_					
QUALIF		CH AT PRIMARY L	_EVEL				
Qualification(s)	-	University, or Institute	Final results received: Day/Month/Year				
TE	ACHING COUNC	IL REGISTRATION	I				
Registration Number							
Registered under Regulation (please tick as		_					
Route 1 Primary (Formerly Regula							
Route 2 Post Primary (Formerly Regula							
Route 3 Further Education (Formerly Regula							
Route 4 Other (Formerly Regula	ation 3)						
Registration Status: Full	Conditional						
If conditional, please tick the condition that has met:	not been fulfilled a	nd indicate the expi	iry date by which each condition must be				
Condition 1: Droichead/Probation		xpiry Date:					
Condition 2: Induction Workshop Programme	— E.	Expiry Date:					
Condition 3: Irish Language Requirement		Expiry Date:					
Condition 4: Qualification Shortfall		ease specify:					
	E	cpiry 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 FI *IF NEWLY QUALIFIED, PLEASE GO TO NEXT F	RST (IF NECESSARY EXPAND THE S PAGE	ECTION OR USE ADDITIONAL PAGES	B IF COMPLETING IN HANDWRITTEN FORMAT).
School Name & Address	Date(s) of service in the school	Position(s) held	Dates in each Position
			From:
			То:
			From:
			То:
			From:
			То:
			From:
			То:
			From:
			То:

POST(S) OF RESPONSIBILITY HELD (IF ANY) – MOST RECENT FIRST							
School Name	Address	Position(s) held	Dates				
			From:				
			То:				
			From:				
			То:				

*IF NEWLY QUALIFIED PLEASE INSERT TEACHING PRACTICE GRADES - MOST RECENT FIRST									
School Name	Address	Class taught	Dates	Grade					
			From:						
			To:						
			From:						
			To:						
			From:						
			To:						
			From:						
			То:						

ADDITIONAL QUALIFICATIONS E.G. ICT, CERTIFICATE TO TEACH RELIGION (IF APPLICABLE)							
College(s)	Qualification and Year	Modules Studied					

OTHER RELEVANT, NON-ACCREDITED COURSES - MOST RECENT FIRST						

AREAS OF SPECIAL INTEREST – CURRICULAR/OTHER							
Area	Expertise/Experience/Specialism undertaken in College						

OTHER RELEVANT EMPLOYMENT EXPERIENCE – MOST RECENT FIRST							
Employer/Project	Position	Duties	Dates	Grade			
			From:				
			То:				
			From:				
			To:				
			From:				
			То:				
			From:				
			То:				

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

ADDITIONAL INFORMATION (NOT ALREADY 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.

Signature _____

Date								