

Completed Application Form to be returned to lbarnes@stbenilduscollege.com and cc'd to mbrohan@stbenilduscollege.com by 4pm on Wednesday 18th of May 2022. All posts are subject to D.E.S. approval

St. Benildus College is a Droichead School.

Please state job(subjects) you are applying for :

Leaving Certificate:

Second Level School attended:

1. Personal		
Details		
Name		
Address		
Telephone		
Email		
Teaching Council Regi	istration Details	
Are you registered with the Teaching Council?		
What is your Teaching Registration Council number?		
Please list your subject	ts registered with the	
Teaching Council		
2. Education Record		

Year of Leavir	ng Certificate	Award:
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UBJECT		LEVEL		GRADE
Dates	College		Qualifications Level and Grade	
			1	
eacher Education	n Qualifications	are:		
Dates		College	Examin	ation Grade
ease state Grade	e attained in Tea	ching Practice/Placeme	ent :	
dditional Profess	ional Qualificati	ons and Grades (Certif	icates/Diplo	mas or Trainin

Dates From - to	Subjects taught and to what level	School/College/Organisation
Extra-curricula involved?	r activities in which you have bee	en and/or would be prepared to be
ase outline:		

5.	Any other relevant information:		
Pleas	Please outline:		
	ease supply the names and addresses of two referees, east one of your referees should know you in a professional capacity)		
a)	Name:		
	Address:		
	Telephone:(Please include mobile number):		
b)	Name:		
IJ,			
	Address:		
	Telephone:(Please include mobile number):		
	ify to the Board of Management that the information provided in this application is and correct.		
	ture of Applicant: Date:		

- ♦ The Board of Management of this school is an equal opportunities employer
- Shortlisting of candidates may take place.