Scoil Mhuire Buncrana is a *Droichead* (NIPT Teacher Induction) School.



## **APPLICATION FOR TEACHING POSITION 2022**

#### **APPLICATION FORM**

Date Recei	ved:				
Date of Int	erview:				
Time of In	terview:				
Dlagge	indicioto alconiu	4h a magitian sul	ish was an analying for (as non		
	indiciate clearly isement)	the position wi	nich you are applying for (as per		
	,	ding Joh Doforo	nce):		
Teaciiii	ig Position (inclu	ding Job Kerere	nice)		
Have ve	ou <del>nr</del> eviously and	olied for a positi	on at Scoil Mhuire Buncrana?		
mave y	ou previously app	oned for a positi	on at Scott Winding Bunerana:		
Yes	No	If yes, stat	e year of application:		
	_				
Were y	Were you shortlisted and interviewed? Yes No				
<b>A</b>	ADDI ICANT D	ETAII C			
<b>A.</b>	APPLICANT D	ETAILS			
		ETAILS	First Name		
A. Title	APPLICANT D Surname	ETAILS	First Name		
		ETAILS	First Name		
Title		ETAILS	First Name		
Title	Surname	ETAILS	First Name		
Title	Surname	ETAILS	First Name		
Title	Surname	ETAILS	First Name		
Title	Surname	ETAILS	First Name		
Title Contac	Surname t Details				
Title	Surname t Details	Work Tel No:	First Name  Mobile No:		
Title  Contac	Surname  t Details  Tel No:				
Title  Contact  Home 7	Surname t Details				

TEACHING COUNCIL NUMBER	ER:			
DATE OF REGISTRATION:  Teaching Council Cert <u>must</u> be provided stating subjects and level.				
Subjects & Level recognised to tea				
To Leaving Cert:				
To Junior Cert:				
Have you been vetted via the Garda If yes, state when: Year	_	nit? Yes No		
B. <u>EDUCATIONAL DETAIL</u>	<u>LS</u>			
QUALIFICATIONS				
SECOND LEVEL EDUCA	TION			
Leaving Cert/Equivalent	School Attende	d.		
Year:	School Attende	u.		
Subject	Grade	ade Higher/Ordinary		
PRIMARY DEGREE				
University/Institute/College:				
Degree Title				
Award/Grade (Hons/Pass): Year of Entry: Year Qualified:				
First Year Subjects Final Year Subjects				

### HDE/PGCE/EQUIVALENT

Awarding Body:				
Year of Entry:		Year of Award/Grade:		
Grade Achieved in Teaching Practice:				
Are you a current member	er of a peda	ngogical subje	ct association	?
Yes No	Whic	h association?		
POSTGRADUATE QUA	ALIFICAT	IONS		
University/Institute/College:				
Title				
Award/Grade (Hons/Pass):	Year of	of Entry: Year Qualified:		fied:
OTHER QUALIFICATI	IONS			
University/Institute/College:				
Title				
Award/Grade (Hons/Pass): Year o		f Entry: Year Qualified		fied:
INSERVICE COURSES/TRAINING (List any in-service courses/training you have received)				
In-service Training Course Length of Course Year				Year

		y in-service/courses ching any of the follo		st/experience you	1
	Transition Year	Computers	CSPE SPH	E ICT	
	Religion RS	E LCA	LCVP	JCSP	
C.	EMPLOYMENT	RECORD			
,	Teaching Experie Please begin with	ence your present or most r	ecent employmen	nt:	
Nome O Addre	aga of Cobool	Data	CONTRACT	If Due Dote	C

Name & Address of School	Date		CONTRACT TYPE PWT/TWT/P RPT Part Time	If Pro-Rata Part Time, timetabled hours per week	Subjects Taught
	From	To			
				_	

# Non Teaching Experience (if applicable)

Dates (The control of the control of	Name & Address	Position Held	Summary of Main
(From/To)	of Employer		Duties

### D. <u>SUPPORTING STATEMENT</u>

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 provide (max 400 words).

#### E. <u>REFERENCES</u>

Please provide names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work from whom a professional reference can be sought. One should be your current or most recent employer. Written reference may also be enclosed with your application.

Please note: your referees may be contacted without further communication with you and prior to selection interview if shortlisted for interview.

Name:	Full Address:		
Position/Job Title:			
Tel No/Mobile No:	E Mail:		
Name:	Full Address:		
Position/Job Title:			
Tel No/Mobile No:	E Mail:		
<ul> <li>Please sign the form below, cert provided is accurate.</li> <li>The Committee may wish to chell Providing incorrect information facts may result in disqualificated discovery is made after an appoint of the complete service of the complet</li></ul>	<ul> <li>DECLARATION &amp; SIGNATURE</li> <li>Please sign the form below, certifying that all the information you have provided is accurate.</li> <li>The Committee may wish to check any of the details you have provided.</li> <li>Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or, where discovery is made after an appointment, in summary dismissal.</li> <li>I declare that the information supplied in this application is accurate and true</li> <li>Signed:</li></ul>		

**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.

Buncrana, County Donegal by 12.00 noon on the closing date in question.

Any offer of employment will be conditional on:

- 1. Registration with the Teaching Council.
- 2. The Garda Vetting Process.
- 3. Confirmation of medical fitness from the Occupational Health Service.
- NB All appointments are subject to approval by the Department of Education & Skills who will determine employment category and rate of pay upon verification of qualifications and subject to the Directors of Redeployment agreeing to the posts being filled. Shortlisting may apply. Canvassing will result in immediate disqualification.