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			

APPLICANT'S PERSONAL DETAILS					
Name (as per Teachin Register)	g Council				
Correspondence Add	ress	Mobile P	hone No		
Line 1:		Landline			
Line 2: Line 3:		E-mail A	ddress (Please print		
Eircode		handwritter			
	QUALIFIC	CATION TO 1	EACH AT PRIMARY L	_EVEL	
Qualificatio	n(s)		ing University, ge or Institute	Final results received: Day/Month/Year	
	TE	ACHING COL	INCIL REGISTRATION		
Registration Number					
Registered under Regulation	on (please tick as a	appropriate):			
Route 1 Primary	(Formerly Regulat				
Route 2 Post Primary	(Formerly Regulat				
Route 3 Further Education	(Formerly Regulat				
Route 4 Other	(Formerly Regular	tion 3)			
Registration Status: F	ull 🗖	Conditi	onal 🗖		
If conditional, please tick the condition that has not been fulfilled and indicate the expiry date by which each condition must be met:					
Condition 1: Droichead/Probation			Expiry Date:		
Condition 2: Induction Workshop Programme			Expiry Date:		
Condition 3: Irish Language Requirement			Expiry Date:		
Condition 4: Qualification Sh	ortfall [J	Please specify:		
			Expiry Date:		

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DETAILS	OE ACADEMIC	OTTAL IEIC ATIONS	- 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 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:
			То:
			From:
			То:
			From:
			То:
			From:
			То:
			From:
			То:

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

Post(s) of Responsibility	Y HELD (IF	ANY) – Most recent firs	ST				
School Name	Ad	ldress	Posi	tion(s) h	eld	Dates	
						From:	
						To:	
						From:	
						To:	
l		L					
*IF NEWLY QUALIFIED PLEAS	SE INSERT	TEACHING PRACTICE GRA	ADES - M	OST REC	ENT FIRS	т	
School Name		Address	Class	taught	Da	tes	Grade
					From:		
					To:		
					From:		
					То:		
					From:		
					To:		
					From:		
					To:		
						•	
ADDITIONAL QUALIFICATION	IS E.G. ICT	, CERTIFICATE TO TEACH	H RELIGIO	N (IF AP	PLICABLE)	
College(s)		Qualification and Year		Module	es Studie	d	
OTHER RELEVANT, NON-ACC	CREDITED (COURSES - MOST RECEN	IT FIRST				
i							

Area				
	Expertise/Experience/S	Expertise/Experience/Specialism undertaken in College		
OTHER RELEVANT EMPLOY	MENT EXPERIENCE – MOST R	ECENT FIRST		
Employer/Project	Position	Duties	Dates	Grade
			From:	
			То:	
			From:	
			То:	
			From:	
			To:	
			From:	
			To:	

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
Olgitataic	Date