Castlerea Community School

Please note:

This form must be signed.
All questions must be answered.
Do not change the question numbers or sequence.
No letter of application or CV should accompany this form.

Office use only	1
Date Received:	l
	l

APPLICATION FOR TEACHING POSITION – Home Economics & Irish (16hrs per week)

1. PERSONAL DETAILS

First Name:		Surname:			
Home Address:		Correspondence Addre	ess: (if diffe	erent)	
Home Phone Number	er:	Mobile Phone Number:			
Email Address:					
Are there any restricti	ons regarding your employ	ment?	Yes	No	
(if you answer Yes, p	lease provide details on sep	parate sheet)		<u> </u>	
Do you require a Wor	k Permit?		Yes	No	
Are you registered wit	th the Teaching Council?		Yes	No	
If YES, Teaching Cou	ncil Registration Number:				
If NO, are you eligible	for registration and willing	to register?			
Please list subjec	ts you are registered	l to teach according	to the	Teaching	Council:
Please note that the succe	essful candidate will be paid by D	NES and will have to fulfill DES	anditions which	ch includo rogio:	tration with
	g Council. Please include copy				iiation with

2. PRESENT POSITION

Please give details of your current position:									
Employer:		Address:				Job	Title:		
How much notice do you i your current employer?	need to	give			•				
	•	.	1	1		1			
Subject Details Please specify subjects taught during the last 3 years only. Please complete all sections for each subject.	LC H	LC O	JC	TY	LC	CA	JSCP	SEN	Team Teach
Subject 1:									
Duration (yrs & mths):									
Subject 2:									
Duration (yrs & mths):									
Subject 3:									
Duration (yrs & mths):									
3. QUALIFICATIONS									
3.1 Second Level Education	<u>on</u>								
Leaving Certificate/Equivale	nt								

3.1 Second Level Education		
Leaving Certificate/Equivalent		
Year		
School attended:		
Subject	Grade	Hons/Ord

3.2 Primary Degrees/Diplomas:				
University/Institute/College:				
Name of Qualification (Hons/Pass):		Awarding Body:		
Year of Entry:		Year Qualified:		
Subjects studied:				
First Year Subjects		Final Year Subjects		
3.3 PGDE / HDIP / Equivalent):				
University/Institute/College:				
Name of Qualification:		Awarding Body:		
Year of Entry:		Year Qualified:		
Subjects studied:				
PGDE / HDip Teaching Practice Grade aw	arded:			
3.4 Post graduate Qualifications				
University/Institute/College:				
Name of Qualification:	Awarding	Body	Year	

3.5 In-Service Courses/Training List any in-service courses/training you have received. Please include dates of the relevant training and duration of these courses. Start with the most recent and work backwards. Name of Course Name of Organisation/Institution running course Length of Course Year

4. EMPLOYMENT HISTORY

4.1 Teaching Experience

Please provide details of your teaching experience beginning with the most recent post.

Dates (From/To)	Name & Address of School	Contract Type PWT/RPT/Part- time	If pro-rata part-time, timetabled hours per week.	Subjects Taught	Level

Dates (From/To)	Name & Address of School	Contract Type PWT/RPT/Part- time	If pro-rata part-time, timetabled hours per week.	Subjects Taught	Level		
4.2 Use of	FICT in teaching	and learning					
Please outl	line your experience	e of using ICT in tea	aching and learning to	date: (Please use bullet po	oints)		
4.3 Extra	curricular activit	ies within the sc	hool				
Please give	e details of activities	that you have beer	n involved in – to includ	de dates: (Please use bull	et points)		
4.4 Extra	4.4 Extra curricular activities outside of school						
Please give	Please give details of activities that you have been involved in – to include dates: (Please use bullet points)						

Please use bullet points and indicate dates – from / to							

4.6 Non-Teaching Experience (if applicable)Please provide details of your work history beginning with the most recent post.

4.5 Areas of responsibility in school: Coordination, planning etc.

Dates (From/To)	Name & Address of Employer	Position held	Summary of Main Duties
(1 1011// 10)	Employor		

	Name & Address of Employer	Position held	Summary of Main Duties
(From/To)			

6. REFERENCES

Please provide names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work to whom professional reference can be made. One should be your current or most recent employer. [Please note: your referees may be contacted without further communication with you and prior to selection interview if shortlisted for interview].

Present or most recent employer:

Name & Title:	Position Held:	Telephone/Mobile:	Email:
Full address:			
Other referee:			
Name & Title:	Position Held:	Telephone/Mobile:	Email:
Full address:			
8. DECLARATION AND SI	GNATURE		
	eclaration below certifying that a	II information you have	provided is
accurate.The Selection Committee may	wish to check any of the details	vou have provided.	
 Providing incorrect information 	or deliberately concealing any where discovery is made after a	relevant facts may resi	
I declare that the information supp	lied in this application form is ac	curate and true	·
. assisted that the information oupp	approation form to do		
Signed		Date	

Completed Application form along with <u>TC registration</u> should be returned <u>by email</u> on or before 4<u>pm Tuesday</u> 13th June 2023 to:

principal@castlereacs.com

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. Any offer of employment will be conditional on registration with the Teaching Council. All appointments are subject to the sanction and approval of the Department of Education and Skills, Garda Vetting and the post not being required for the redeployment process.