



**Scoil na mBráithre,
Mitchell Street,
Dungarvan,
Co. Waterford.**

Tel: 058-41185
www.dungarvancbs.com
email: admin@dungarvancbs.com
Charities Regulator No: 20148065

APPLICATION FOR A TEACHING POST

| | |
|--|--------------------------------------|
| For Office Use Only Teaching Post No: _____ Subject Area(s): _____ Date Received: _____ | Affix Passport Size Photograph |
|--|--------------------------------------|

Return to: admin@dungarvancbs.com for the Principal's attention.

Closing Date: _____

Position Advertised: _____

1. PERSONAL

Surname: _____ First Name: _____

Correspondence Address: _____

Phone Nos: _____

e-mail: _____ P.P.S. No: _____

2. QUALIFICATIONS

Degree: _____ Pass Honours Result: _____

University: _____ Year of Entry: _____

Year of Graduation: _____ Length of Course: _____

Final Year Subjects: _____

Other Subjects Studied: _____

Masters Degree: _____ Year: _____ University: _____

Teaching Qualification: _____ Pass Honours Result: _____

College/University: _____ Year of Award: _____

Teaching Council Registration Number: _____ Date of Registration: _____

Subject(s) Registered to Teach: _____

Additional Qualifications:

Title: _____ Year: _____ Awarding Body: _____

Title: _____ Year: _____ Awarding Body: _____

3. SECOND LEVEL EDUCATION

School(s) Attended: _____ Date(s): _____

_____ Date(s): _____

Leaving Certificate Results

Year: _____

| SUBJECT | GRADE | LEVEL |
|---------|-------|-------|
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4. TEACHING AND OTHER RELEVANT EXPERIENCE

| Dates: From/To | Position Held and Status (If a Post of Responsibility Holder give details) | School, Institution, Business |
|----------------|---|-------------------------------------|
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5. INFORMATION AND COMMUNICATION TECHNOLOGY

Please give details of ICT qualifications and competencies.

6. PROFESSIONAL

List details of in-service courses undertaken.

| Month/Year | Title | Location |
|------------|-------|----------|
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7. EXTRA CURRICULAR ACTIVITIES

Please indicate any extra-curricular activities you may be willing to promote in the school:

8. OTHER RELEVANT INFORMATION (OPTIONAL)

Please list any additional information that you feel may be relevant to your application for this post.

9. REFEREES

Please furnish the names, addresses and phone numbers of three referees (one character, two professional) you care to nominate to be contacted concerning your application.

Character

Name: _____

Address: _____

Phone No: _____

Professional 1

Name: _____

Address: _____

Phone No: _____

Professional 2

Name: _____

Address: _____

Phone No: _____

Signed: _____

Date: _____

Due to the large volume of applications, it will only be possible to reply to those candidates who are shortlisted.
