

Completed Application Form to be returned to lbarnes@stbenilduscollege.com and cc'd to mbrohan@stbenilduscollege.com. All posts are subject to D.E.S. approval

St. Benildus College is a Droichead School.

Please state job(subjects) you are applying for :

Year of Leaving Certificate Award:

 Personal Details 				
Name				
Address				
Telephone				
Email				
Teaching Council Reg	stration Details			
Are you registered wit	th the Teaching Council?			
What is your Teaching	Registration Council number?			
Please list your subject	ts registered with the			
Teaching Council				
2. Education Reco	<u>rd</u>			
Leaving Certificate:				
Second Level School at	tended:			

SUBJECT		LEVEL		GRADE	
		•		•	
ird Level Qualif	ications are:				
Dates		College		Qualifications Level and Grade	
acher Educatio	n Qualifications	are:			
Dates		Collogo	Evamin	ation Grade	
Dates		College		ation Grade	
ase state Grade	e attained in Tea	ching Practice/Pla	cement :		
		,			
ditional Profess	sional Qualificati	ons and Grades (C	`ertificates/Dinlo	mas or Training)	
antional Flores	nonai Qualificati	ons and Grades (C	e. ancates, Diplo	as or training)	

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

5.	Any other relevant information:	
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.