## STANDARD APPLICATION FORM FOR TEACHING POST

## **DELETION OF ANY FIELD WILL INVALIDATE THIS APPLICATION**

Applicants, please note	Ap	plica	nts, p	olease	note
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- 1 If the advertisement states that electronic applications will be accepted, the Application Form should be emailed to the *dedicated email address* provided in the advertisement and *only* to that address.
  - If applications are required to be submitted *by post*, 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. The successful candidate will be required to present original documents in relation to teaching/other qualifications prior to appointment.

Position Advertised _		
SCHOOL	 	
ROLL NUMBER		

	Received by:	Date:	Time:
Office use only			

APPLICANT'S PERSONAL DETAILS					
Name (as per Teaching Council Register)					
Correspondence Address	Mobile Phone No.				
Line 1:	Landline No.				
Line 2:	E-mail Address (Please print				
Line 3:	clearly if completing in handwritten format)				
Eircode	Tiandwritterr format)				
QUALIFICATION TO TEACH AT PRIMARY LEVEL					
Qualification(s)	Awarding University, College or Institute	Final results received: Day/Month/Year			
TEACHING COUNCIL REGISTRATION					

Registration Number		_			
Registered under Regulation (please tick as appropriate):					
Route 1 Primary					
Route 2 Post Primary					
Route 3 Further Education					
Route 4 Other					
Registration Status: Full		Conditional			
If conditional, please tick the condition that has met:	s not be	en fulfilled and indicate the expiry date by which each condition must be			
Condition 1: Droichead/Probation		Expiry Date:			
Condition 2: Induction Workshop Programme		Expiry Date:			
Condition 3: Irish Language Requirement		Expiry Date:			
Condition 4: Qualification Shortfall		Please specify:			
		Expiry Date:			

## **DETAILS OF ACADEMIC QUALIFICATIONS** – 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	Date	Dates in each Position	
					From	1:	
					To:		
					From	n:	
					To:		
					From	1:	
					To:		
					From	1:	
					To:		
					Fron	n:	
					To:		
POST(S) OF RESPONSIBILIT	ү Неі	L <b>D</b> (IF A	NY) – Most recent fil	RST			
School Name		Add	Iress	Position(s) h	eld	Dates	3
						From:	
						To:	
						From:	
						To:	
*IF NEWLY QUALIFIED PLEASE INSERT TEACHING PRACTICE GRADES — MOST RECENT FIRST							
School Name			Address	Class taught	Da From:	tes	Grade
					To:		
					From:		
					То:		
					From:		
					To:		
					From:		

To:

College(s)	Quali	fication and Year	Modules Studied	
THER RELEVANT, N	ON-ACCREDITED COURS	ES - MOST RECENT FIR	ST	
	NTEREST – CURRICULAR			
REAS OF SPECIAL		/OTHER perience/Specialism ι	ındertaken in College	
			ındertaken in College	
			ındertaken in College	
			ındertaken in College	
			Indertaken in College	

OTHER RELEVANT EMPLOYMENT EXPERIENCE – MOST RECENT FIRST						
Employer/Project	Position	Duties	Dates	Grade		
			From:			
			То:			
			From:			
			To:			
			From:			

		То:	
		From:	
		To:	
		1.01	l
PLEASE INDICATE HOW YOU T	THINK YOUR EXPERIENCE/SKII	LL(S) CAN ASSIST IN THIS PARTICUL	LAR POST
	NOT MORE THAN 1		
	THO THORE THE T	o words	
DI EASE INDICATE HOW VOLUT			ne semon
PLEASE INDICATE HOW YOU I		TO THE ETHOS AND SUCCESS OF TH	IIS SCHOOL
	NOT MORE THAN 1:	50 WORDS	
İ			

DITIONAL 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 No.		Mobile No.			
	Referee 3		Referee 4		
Name		Name			
Role		Role			
Address		Address			
Work Tel Number		Work Tel Number			
Home Tel Number		Home Tel Number			
Mobile No.		Mobile No.			

## \*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 Interview Board reserves the right to seek a reference from the current employer.
- 5. The Interview Board in its sole discretion will determine the suitability of any reference. The Interview 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.

Set out in the advertisement and other relevant documentation.		
Signature	Date	