

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 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 **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.

Office use only	Received by:	Date:	Time:
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All information provided in this form is confidential to the Selection Board

APPLICANT'S PERSONAL DETAILS

Name		
Correspondence Address	Mobile Phone No	
	Landline No.	
	E-mail Address	
Eircode:		

QUALIFICATION TO TEACH AT POST-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 (Formerly Regulation 2)

Route 2 Post Primary (Formerly Regulation 4)

Route 3 Further Education (Formerly Regulation 5)

Route 4 Other (Formerly Regulation 3)

Registration Status: Full Conditional

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 Shortfall Please specify: _____
Expiry Date: _____

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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	Dates in each Position
			From: To:
			From: To:
			From: To:
			From: To:
			From: To:

POST(S) OF RESPONSIBILITY HELD (IF ANY) – MOST RECENT FIRST

School Name	Address	Position(s) held	Dates
			From: To:
			From: To:

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POSITION ADVERTISED

SCHOOL

ROLL NR

*IF NEWLY QUALIFIED PLEASE INSERT TEACHING PRACTICE GRADES – MOST RECENT FIRST				
School Name	Address	Class taught	Dates	Grade

ADDITIONAL QUALIFICATIONS E.G. ICT, CERTIFICATE TO TEACH RELIGION (IF APPLICABLE)		
College(s)	Qualification and Year	Modules Studied

OTHER RELEVANT, NON-ACCREDITED COURSES – MOST RECENT FIRST

AREAS OF SPECIAL INTEREST – CURRICULAR/OTHER	
Area	Expertise/Experience/Specialism undertaken in College

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POSITION ADVERTISED

SCHOOL

ROLL NR

OTHER RELEVANT EMPLOYMENT EXPERIENCE – MOST RECENT FIRST

Employer/Project	Position	Duties	Dates	Grade

PLEASE INDICATE HOW YOU THINK YOUR EXPERIENCE/SKILL(S) CAN ASSIST IN THIS PARTICULAR POST

NOT MORE THAN 150 WORDS

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

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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	

Signature:

Date: