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 <u>dedicated email address</u> provided in the advertisement and <u>only to that address</u>.

If applications are required to be submitted <u>by post</u>, 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.

	Received by:	Date:	Time:
Office use only			

APPLICANT'S PERSONAL DETAILS				
Name (as per Teaching Council Register)				
Correspondence Address	Mobile Ph	none No		
Line 1:	Landline			
Line 2: Line 3:	E-mail Ac	Idress (Please print pleting in		
Eircode	handwritten format)			
QUALIFI	CATION TO T	EACH AT PRIMARY L	_EVEL	
Qualification(s)		ng University, je or Institute	Final results received: Day/Month/Year	
TE	ACHING COU	NCIL REGISTRATION	l	
Registration Number				
Registered under Regulation (please tick as a				
Route 1 Primary (Formerly Regulation		п		
Route 2 Post Primary (Formerly Regulat				
Route 3 Further Education (Formerly Regulat	-			
Route 4 Other (Formerly Regula	-			
Registration Status: Full	Conditio	onal 🗖		
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	3	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	Dates in each Position
			From:
			То:
			From:
			То:
			From:
			То:
			From:
			То:
			From:
			To:

POST(S) OF RESPONSIBILITY HELD (IF ANY) – MOST RECENT FIRST			
School Name	Address	Position(s) held	Dates
			From:
			То:
			From:
			То:

*IF NEWLY QUALIFIED PLEASE INSERT TEACHING PRACTICE GRADES - MOST RECENT FIRST				
School Name	Address	Class taught	Dates	Grade
			From:	
			To:	
			From:	
			To:	
			From:	
			To:	
			From:	
			То:	

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	

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

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

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		

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

Signature	