Castlerea Community School

Please note:

This form must be signed.
All questions must be answered.
Do not change the question numbers or sequence.
No letter of application or CV should accompany this form.

Office use only
Date Received:

APPLICATION FOR TEACHING POSITION –

Application Code: CCS26____

Position being applied for: _____

1. PERSONAL DETAILS

First Name:	**Surname:**
Home Address:	**Correspondence Address:** ***(if different)***
Home Phone Number:	**Mobile Phone Number:**
Email Address:	

Are there any restrictions regarding your employment? Yes ☐ No ☐
(if you answer Yes, please provide details on separate sheet)

Do you require a Work Permit? Yes ☐ No ☐
Are you registered with the Teaching Council? Yes ☐ No ☐
If YES, Teaching Council Registration Number: _____
If NO, are you eligible for registration and willing to register? _____

Please list subjects you are registered to teach according to the Teaching Council:
_____
_____

Please note that the successful candidate will be paid by DES and will have to fulfill DES conditions which include registration with the Teaching Council. **Please include copy of Teaching Council registration with this application.**

2. PRESENT POSITION

Please give details of your current position:		
Employer:	**Address:**	**Job Title:**
How much notice do you need to give your current employer?		

Subject Details Please specify subjects taught during the last 3 years only. Please complete all sections for each subject.	***LC H***	***LC O***	***JC***	***TY***	***LCA***	***JSCP***	***SEN***	***Team Teach***
Subject 1:								
Duration (yrs & mths):								
Subject 2:								
Duration (yrs & mths):								
Subject 3:								
Duration (yrs & mths):								

3. QUALIFICATIONS

3.1 Second Level Education		
Leaving Certificate/Equivalent Year _____		
School attended:		
Subject	Grade	Hons/Ord

3.2 Primary Degrees/Diplomas:	
University/Institute/College:	
Name of Qualification (Hons/Pass):	Awarding Body:
Year of Entry:	Year Qualified:
Subjects studied:	
First Year Subjects	Final Year Subjects

3.3 PGDE / HDIP / Equivalent):	
University/Institute/College:	
Name of Qualification:	Awarding Body:
Year of Entry:	Year Qualified:
Subjects studied:	
PGDE / HDip Teaching Practice Grade awarded:	

3.4 Post graduate Qualifications		
University/Institute/College:		
Name of Qualification:	Awarding Body	Year

3.5 In-Service Courses/Training

List any in-service courses/training you have received. Please include dates of the relevant training and duration of these courses. Start with the most recent and work backwards.

Name of Course	***Name of Organisation/Institution running course***	***Length of Course***	***Year***

4. EMPLOYMENT HISTORY

4.1 Teaching Experience

Please provide details of your teaching experience beginning with the most recent post.

Dates (From/To)	Name & Address of School	Contract Type PWT/RPT/Part-time	If pro-rata part-time, timetabled hours per week.	Subjects Taught	Level

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4.2 Use of ICT in teaching and learning

Please outline your experience of using ICT in teaching and learning to date: (Please use bullet points)

4.3 Extra curricular activities within the school

Please give details of activities that you have been involved in – to include dates: (Please use bullet points)

4.4 Extra curricular activities outside of school

Please give details of activities that you have been involved in – to include dates: (Please use bullet points)

4.5 Areas of responsibility in school: Coordination, planning etc.

Please use bullet points and indicate dates – from / to

4.6 Non-Teaching Experience (if applicable)

Please provide details of your work history beginning with the most recent post.

Dates (From/To)	Name & Address of Employer	Position held	Summary of Main Duties

Dates (From/To)	Name & Address of Employer	Position held	Summary of Main Duties

5. SUPPORTING STATEMENT

This section is for you to provide a summary of your teaching experience, your approach to teaching and any extra-curricular activities you have organised and are willing to promote.

6. REFERENCES

Please provide names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work to whom professional reference can be made. One should be your current or most recent employer. [*Please note: your referees may be contacted without further communication with you and prior to selection interview if shortlisted for interview]*.

Present or most recent employer:

Name & Title:	**Position Held:**	**Telephone/Mobile:**	**Email:**
Full address:			

Other referee:

Name & Title:	**Position Held:**	**Telephone/Mobile:**	**Email:**
Full address:			

8. DECLARATION AND SIGNATURE

- You are required to sign the declaration below certifying that all information you have provided is accurate.
- The Selection Committee may wish to check any of the details you have provided.
- Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or, where discovery is made after an appointment, in summary dismissal.

I declare that the information supplied in this application form is accurate and true.

_____ _____

Signed Date

Completed Application form along with TC registration should be returned by email on or before 1pm Friday 4th December 2026 to:

principal@castlereacs.com

PLEASE NOTE: If you are awaiting confirmation of registration with the Teaching Council, please insert 'Pending' in the Teacher Registration Number section of this Application Form. Any offer of employment will be conditional on registration with the Teaching Council. All appointments are subject to the sanction and approval of the Department of Education and Skills, Garda Vetting and the post not being required for the redeployment process.