



**Greystones Community National School**

Greystones Rugby Club  
Mill Road, Greystones,  
Co Wicklow

**Tel/Fón:** 0874007442  
**Email:** greystonescns@kwetb.ie  
**Roll no:** 20473i



## APPLICATION FORM FOR GCNS TEACHING POSTS 2020/2021

<b>APPLICANT'S NAME</b>	
<b>POSITION(S) APPLIED FOR</b>	

<b>ROLL NUMBER</b>	20473i
<b>CHAIRPERSON</b>	Ms. Alice O'Donnell
<b>SCHOOL</b>	Greystones CNS
<b>ADDRESS</b>	Greystones Rugby Club, Mill Road, Greystones
<b>COUNTY</b>	Wicklow

**Please Note:**

1. The application form must be emailed to the email address provided in the advertisement.
2. The completed form must arrive on or before the date and time as specified in the advertisement.
3. Canvassing will disqualify.
4. **DO NOT**
  - a. Send any certificates with this form. The successful candidate may be required to present original documents in relation to teaching/other qualifications prior to appointment.
  - b. A CV

PERSONAL DETAILS	
NAME:	
HOME ADDRESS:	MOBILE TELEPHONE NO:
	HOME TELEPHONE NO:
TEACHING COUNCIL REGISTRATION NUMBER:	
E-MAIL ADDRESS:	

EDUCATION QUALIFICATIONS – most recent first			
INCLUDE UNDER GRADUATE & POST GRADUATE QUALIFICATIONS. THE SUCCESSFUL CANDIDATE WILL BE ASKED TO PRESENT ORIGINAL DOCUMENTS			
QUALIFICATION	AWARDING UNIVERSITY, COLLEGE OR INSTITUTE	OVERALL GRADE	YEAR OF AWARD

PLEASE INSERT TEACHING PRACTICE GRADES – if available				
SCHOOL NAME	ADDRESS	CLASS TAUGHT	DATES	GRADE
			FROM TO	
			FROM TO	
			FROM TO	

<b>HAVE YOU BEEN PROBATED?</b>	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	CONDITIONAL: <input type="checkbox"/>
<b>IF TRAINED ABROAD HAVE YOU COMPLETED IRISH QUALIFICATION?</b>	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	
<b>ADDITIONAL COMMENTS:</b>			

<b>TEACHING EXPERIENCE – most recent first (include grades/ages taught or SEN experience)</b>			
<b>SCHOOL NAME</b>	<b>ADDRESS</b>	<b>POSITION HELD</b>	<b>DATES</b>

<b>POST(S) OF RESPONSIBILITY/LEADERSHIP ROLES – most recent first (Please include any leadership experience here)</b>			
<b>SCHOOL NAME</b>	<b>ADDRESS</b>	<b>POSITION HELD</b>	<b>DATES</b>

<b>RELEVANT COURSES TAKEN/PROFESSIONAL DEVELOPMENT – most recent first</b>
--

--

<b>OTHER RELEVANT EMPLOYMENT EXPERIENCE – most recent first</b>			
<b>EMPLOYER/PROJECT</b>	<b>POSITION</b>	<b>DUTIES</b>	<b>DATES</b>

<b>AREAS OF SPECIAL INTEREST – curricular/other</b>	
<b>AREA</b>	<b>EXPERTISE/EXPERIENCE</b>

--	--

**WHAT IS YOUR UNDERSTANDING OF THE ETHOS OF GREYSTONES CNS? HOW IS A CNS DIFFERENT TO OTHER PRIMARY SCHOOLS? HAVE YOU ANY EXPERIENCE OF WORKING IN ONE?**

Not more than 150 words

**WHAT DO YOU CONSIDER ARE THE MOST SIGNIFICANT STRENGTHS AND QUALITIES YOU WOULD BRING TO THIS POSITION?**

Not more than 150 words

**BRIEFLY OUTLINE YOUR EXPERIENCE OF WORKING WITH CHILDREN WITH SPECIAL NEEDS.**

**NOT MORE THAN 150 WORDS**

**ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION**  
**NOT MORE THAN 150 WORDS**

**NAMES AND DETAILS OF REFEREES****Please Note:**

1. Please include at least two referee who know you in a professional capacity.
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 at which referees can be contacted (three if possible) are given.

REFEREE 1 (PROFESSIONAL)	
NAME	
ROLE	
ADDRESS	
WORK TELEPHONE NO.	
HOME TELEPHONE NO.	
MOBILE TELEPHONE NO.	

REFEREE 2 (PROFESSIONAL)	
NAME	
ROLE	
ADDRESS	
WORK TELEPHONE NO.	
HOME TELEPHONE NO.	
MOBILE TELEPHONE NO.	

REFEREE 3 (PROFESSIONAL)	
NAME	
ROLE	
ADDRESS	
WORK TELEPHONE NO.	
HOME TELEPHONE NO.	
MOBILE TELEPHONE NO.	

SIGNATURE		DATE	
-----------	--	------	--