

Name of Candidate: _____

T: 023 8841814

Coláiste na Toirbhirte, Bandon, Co. Cork

E: office@presbandon.ie

Our school is a community seeking to develop the full potential of each student – intellectual, spiritual, emotional and social.

APPLICATION FOR THE POSITION OF SCIENCE & CHEMISTRY

PLEASE COMPLETE **ALL SECTIONS** OF THIS APPLICATION FORM. IF A SECTION DOES NOT APPLY TO YOU, THEN PLEASE INSERT "N/A" OR "NON-APPLICABLE" ON THAT SECTION OF THE FORM.

SECTION A – PERSONAL DETAILS

| | |
|-----------|--|
| Surname: | |
| Forename: | |

P.P.S NO _____

| | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|
| Teaching Council Number: | | | | | | | |
| Subjects registered to teach: | | | | | | | |

| | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|
| Garda Vetting Reference Number: | | | | | | | |
| (UP TO DATE GARDA VETTING DISCLOSURE) | | | | | | | |

| | |
|-----------------------------|--|
| Address for Correspondence: | |
| | |
| | |

| | |
|----------------------|--|
| Home Phone Number: | |
| Mobile Phone Number: | |
| E-mail address: | |

SECTION B – EDUCATION HISTORY

| | |
|------------------------------|--|
| Name of Primary School: | |
| Address of Primary School: | |
| | |
| Name of Secondary School: | |
| Address of Secondary School: | |
| | |

Year of Leaving Certificate Exam:

SECTION C – PROFESSIONAL DEVELOPMENT

Please list names of:

Name of Candidate: _____

| (a) Educational courses done (e.g.ECDL) | (b) Membership of Professional Organisations (e.g. Irish Science Teachers Association) |
|--|---|
| | |
| | |
| | |
| | |

SECTION D – QUALIFICATIONS

In the grid below please enter the exact title of each qualification, e.g. Bachelor of Arts, Bachelor of Education Degree, National Diploma in Design, Higher Diploma in Education, Diploma for Art and Design Teachers, Master of Arts, etc.

| | Degree Qualification or Equivalent | Teacher Education Qualification | Other (e.g. Masters) |
|------------------------------------|---|---|---|
| TITLE OF QUALIFICATION | | | |
| AWARDING AUTHORITY | | | |
| COLLEGE ATTENDED | | | |
| COMMENCEMENT DATE-YEAR | | | |
| YEAR AWARDED (or Date of Award) | | | |
| DURATION OF COURSE | <input type="checkbox"/> Part Time <input type="checkbox"/> FullTime | <input type="checkbox"/> Part Time <input type="checkbox"/> FullTime | <input type="checkbox"/> Part Time <input type="checkbox"/> FullTime |
| SUBJECTS TAKEN IN FINAL EXAMS | | SUBJECT METHODOLOGIES TAKEN IF APPLICABLE | |

If you have further qualifications, please provide details below (or on a separate sheet)

SECTION E – EMPLOYMENT RECORD

Name of Candidate: _____

This section is split into teaching and non-teaching. Please include periods when you were not working under the non-teaching section. Continue on separate sheet if necessary.

TEACHING EXPERIENCE

Please give most recent employment first.

| Dates (from – to) | Length of time (months/years) | Name & Address of School/College | Subjects and Levels (HL) or (OL) taught HL=Higher Level OL=Ordinary Level | Year Group (e.g. 1 st yr, 5 th yr) | Position held (full-time/*part-time) <i>*please specify no. of hours per week</i> |
|-----------------------------|---|---|--|--|--|
| | | | | | <input type="checkbox"/> Part Time <input type="checkbox"/> FullTime |
| | | | | | <input type="checkbox"/> Part Time <input type="checkbox"/> FullTime |
| | | | | | <input type="checkbox"/> Part Time <input type="checkbox"/> FullTime |
| | | | | | <input type="checkbox"/> Part Time <input type="checkbox"/> FullTime |
| | | | | | <input type="checkbox"/> Part Time <input type="checkbox"/> FullTime |
| | | | | | <input type="checkbox"/> Part Time <input type="checkbox"/> FullTime |

NON-TEACHING EXPERIENCE

Please give most recent employment first.

Name of Candidate: _____

| Name of Employer | Address of Employer | Post title | Dates (from – to) | Position held (part-time/ full-time) |
|------------------|---------------------|------------|----------------------|---|
| | | | | <input type="checkbox"/> Part Time <input type="checkbox"/> FullTime |
| | | | | <input type="checkbox"/> Part Time <input type="checkbox"/> FullTime |
| | | | | <input type="checkbox"/> Part Time <input type="checkbox"/> FullTime |
| | | | | <input type="checkbox"/> Part Time <input type="checkbox"/> FullTime |
| | | | | <input type="checkbox"/> Part Time <input type="checkbox"/> FullTime |

SECTION F – REFERENCES

