

**APPLICATION FORM FOR:
SPECIAL CLASS TEACHER TEACHING POST
FIXED TERM
Ref: SCTFT25N**

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: applications@cdetb.ie .
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:

APPLICANT'S PERSONAL DETAILS		
Name (as per Teaching Council Register)		
Correspondence Address	Mobile Phone No	
Line 1:	Landline No.	
Line 2:	E-mail Address <i>(Please print clearly if completing in handwritten format)</i>	
Line 3:		
Eircode		
QUALIFICATION TO TEACH AT PRIMARY LEVEL		
Qualification(s)	Awarding University, College or Institute	Final results received: Day/Month/Year
TEACHING COUNCIL REGISTRATION		

SPECIAL CLASS TEACHER

AN COSÁN COMMUNITY SPECIAL SCHOOL

20572K

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: _____

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

All information provided in this form is confidential to the Selection Board

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:

***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: To:	

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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:	

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			From:	
			To:	
			From:	
			To:	
			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

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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	

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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 _____

Date _____