ROLL NO: 19612M

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			

АР	PLICANT'S F	PERSONAL DETAILS	3	
Name (as per Teaching Council Register)				
Correspondence Address	Mobile Ph	none No		
Line 1:	Landline	No.		
Line 2:	E-mail Ac	Idress (Please print		
Line 3:	handwritten			
Eircode				
Qualific	CATION TO T	EACH AT PRIMARY L	EVEL	
Qualification(s)		ng University, je or Institute	Final results received: Day/Month/Year	
TEA	ACHING COU	NCIL REGISTRATION	ı	
Registration Number				
Registered under Regulation (please tick as a	nppropriate):			
Route 1 Primary (Formerly Regulat				
Route 2 Post Primary (Formerly Regulat		П		
Route 3 Further Education (Formerly Regulat	•	П		
Route 4 Other (Formerly Regulation)				
Route 4 Other (Formerly Regular	11011 3)	Ь		
Registration Status: Full	Condition	onal \square		
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	3	Expiry Date:		
Condition 2: Induction Workshop Programme		Expiry Date:		
Condition 3: Irish Language Requirement	3	Expiry Date:		
Condition 4: Qualification Shortfall	J	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:
			To:
			From:
			То:
			From:
			To:
			From:
			To:

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

School Name	A	ddress	Posi	tion(s) h	eld	Date	es
						From:	
						То:	
						From:	
						То:	
*IF NEWLY QUALIFIED PLE	ASE INSERT	TEACHING PRACTICE	E GRADES – M	OST REC	ENT FIRS	iT	
School Name		Address	Class	taught	Da	ites	Grade
					From:		
					To:		
					From:		
					То:		
					From:		
					To:		
					From:		
					То:		
ADDITIONAL QUALIFICATION	ONS E.G. ICT	, CERTIFICATE TO T	EACH RELIGIO	N (IF AP	PLICABLE	≣)	
College(s)		Qualification and	Year	Module	es Studie	ed	

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

ROLL NO: 19612M

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			

*Please Note:

Mobile Nr

- 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.

Mobile Nr

- **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