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 only to that address.
 - 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			

APPLICANT'S PERSONAL DETAILS			
Name (as per Teaching Council Register)			
Correspondence Address	Mobile Phone No		
Line 1:	Landline No.		
Line 2:	E-mail Address (Please print		
Line 3:	clearly if completing in handwritten format)		
Eircode	nandwhiten formaty		
Qualification(s)	Awarding University, College or Institute	Final results received: Day/Month/Year	
TE	ACHING COUNCIL REGISTRATION		

Registration Number					
Registered under Regulati	on (please tick a	s appropriate):			
Route 1 Primary	(Formerly Regulation 2)				
Route 2 Post Primary	(Formerly Regu	ulation 4)			
Route 3 Further Education	(Formerly Regu	ulation 5)			
Route 4 Other	(Formerly Regu	ulation 3)			
Registration Status: F	ull 🗖	Conditi	onal \square		
If conditional, please tick the	condition that h	as not been fulfill	ed and ind	dicate the expiry date by t	which each condition must be me
Condition 1: Droichead/Prob	ation		Expiry L	Date:	
Condition 2: Induction Works	shop Programme	· 🗖	Expiry L	Date:	
Condition 3: Irish Language	Requirement		Expiry Date:		
Condition 4: Qualification Sh	ortfall		Please specify:		
			Expiry [Date:	
D=====================================	N		ENT FIRS	_	
DETAILS OF ACADEMIC O					IEICATIONS IN SPECIAL
EDUCATION, IF APPLICABLE.					
Qualification & Gra	A	warding Unive		Length of Course	Final results received: Day/Month/Year

SCHOOL

ROLL NR

POSITION ADVERTISED

						From:	
						To:	
*IF NEWLY QUALIFIED PLEAS	SE INSERT	TEACHING PRACTICE G	RADES - M	OST REC	ENT FIRS	Т	
School Name		Address	Class	taught	Da	tes	Grade
					From:		
					To:		
					From:		
					To:		
					From: T	o:	
							
					From:		
					To:		
ADDITIONAL QUALIFICATION	IS E.G. IC I	, CERTIFICATE TO TEAC	CH RELIGIO	N (IF API	PLICABLE)	
College(s)		Qualification and Yea	ar	Module	es Studie	d	
OTHER RELEVANT, NON-ACC	CREDITED (COURSES — MOST RECE	NT 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:	
			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

SCHOOL

ROLL NR

POSITION ADVERTISED

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

Names & Contact Details of Referees*				
Referee 1		Referee 2		
	Name			
	Role			
	Address			
	Work Tel Number			
	Home Tel Number			
	Mobile Nr			
Referee 3		Referee 4		
	Name			
	Role			
	Referee 1	Referee 1 Name Role Address Work Tel Number Home Tel Number Mobile Nr Referee 3 Name		

Address	Address
Work Tel	Work Tel
Number	Number
Home Tel	Home Tel
Number	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
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