Please note:

This form <u>must</u> be signed.
All questions must be answered.

Office use onlyDate Received:

Do not change the question numbers or sequence.

No letter of application, CV or written reference should accompany this form.

APPLICATION FOR TEACHING POSITION

Agricultural Science with Biology - 22 Hours

1. PERSONAL DETAILS

First Name:	Surname:		
Home Address:	Correspondence Address: (if different)		
Home Phone Number:	Mobile Phone Number:		
Email Address:			
·			
Are there any restrictions regarding your employ	ment? Yes No		
(if you answer Yes, please provide details on separate sheet)			
Do you require a Work Permit?	Yes No		
Are you registered with the Teaching Council?	Yes No		
If YES, Teaching Council Registration Number:			
If NO, are you eligible for registration and willing	to register?		
Please note that the successful candidate will be paid by DES and will have to fulfill DES conditions which include registration with the Teaching Council.			

2. PRESENT POSITION

Please give details of your current position:				
Employer:	Address:		Job Title:	
How much notice do you need t	o give			
your current employer?	- 9			
3. QUALIFICATIONS				
3.1 Second Level Education				
Leaving Certificate/Equivalent				
Year				
School attended: Subject				Hons/Ord
Subject			oraue	Tions/Ord
3.2 Primary Degrees/Diplomas:				
University/Institute/College:				
Qualification (Hons/Pass): Awarding Bo		Awarding Body	dy:	
Year of Entry: Year Qualifie		Year Qualified:	ed:	
Subjects studied:				
First Year Subjects Final		Final Yea	Year Subjects	

3.3 PGDE / HDIP / Equivale	nt):			
University/Institute/College:				
Qualification:		Awarding Bo	dy:	
Year of Entry:		Year Qualifie	d:	
Subjects studied:				
3.4 Post graduate Qualifica	<u>itions</u>			
University/Institute/College:				
Qualification:		Awarding Body		
3.5 In-Service Courses/Tra	ining ning you have received. P	lease include da	ates of the relevant training	and duration of
these courses. Start with the mo	ost recent and work backw Name of Organisation	ards.	Length of Course	Year
Name of Course	running cou		Length of Course	rear

4. EMPLOYMENT HISTORY

4.1 Teaching ExperiencePlease provide details of your teaching experience beginning with the most recent post.

Dates (From/To)	Name & Address of School	Contract Type PWT/RPT/Part- time	If pro-rata part-time, timetabled hours per week.	Subjects Taught	Level

4.2 Non-Teaching Experience (if applicable)Please provide details of your work history beginning with the most recent post.

Dates (From/To)	Name & Address of Employer	Position held	Summary of Main Duties
(110111/10)	Linployor		

5. SUPPORTING STATEMENT

This section is for you to provide a summary of your teaching experience, your approach to teaching and any extra-curricular activities you have organised and are willing to promote.			

6. REFERENCES

Please provide names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work to whom professional reference can be made. One should be your current or most recent employer. [Please note: your referees may be contacted without further communication with you and prior to selection interview if shortlisted for interview].

Present or most recent employer:

Name & Title:	Position Held:	Telephone/Mobile:	Email:	
Full address:				
Other referee:				
Name & Title:	Position Held:	Telephone/Mobile:	Email:	
Full address:				
8. DECLARATION AND SI	GNATURE			
In the event of you being recommended for this position, the Board of Management is obliged to comply with the terms of current DES circular letters.				
If you are recommended for this position, a vetting disclosure must be made available to the Secretary to the Board of Management when the offer of employment is being made. The Board of Management may withdraw an offer of employment if a satisfactory vetting disclosure is not made available.				
The Board of Management cannot enter into a Contract of Employment without first receiving a vetting disclosure.				
By signing below, you consent to a vetting disclosure, received by the Teaching Council from the Vetting Bureau, being made available to the school in accordance with the requirements of Circular Letter 31/2016.				
You are also required to sign the declaration below certifying that all information you have provided is accurate.				
The Selection Committee may wis Providing incorrect information or of from the selection process or, whe	deliberately concealing any relev	ant facts may result in		
I declare that the information supplied in this application form is accurate and true.				
Signed		Date		
Signed		Dale		

Completed Applications should be returned <u>by email or post only</u> on or before 1.15pm on Thursday, 15th May 2025 to:

The Secretary,
Board of Management,
Carrick-on-Shannon Community School,
Carrick-on-Shannon,
Co. Leitrim.
N41 VX63.

email: teachervacancies@carrickcs.ie

PLEASE NOTE: If you are awaiting confirmation of registration with the Teaching Council, please insert 'Pending' in the Teacher Registration Number section of this Application Form. Any offer of employment will be conditional on registration with the Teaching Council and subject to the satisfactory outcome of the Garda Vetting Process and satisfactory references.

Interviews are provisionally scheduled to take place in Carrick-on-Shannon during the week of the 19th May 2025. Candidates invited to attend for interview will be contacted by email.

Successful candidates only will be contacted.