Please note:

This form must be signed.
All questions must be answered.
Do not change the question numbers or sequence.

Office use only
Date Received:

APPLICATION FOR TEACHING POSITION:
TEACHING COUNCIL SUBJECTS:

1. PERSONAL DETAILS

First Name:		Surname:		
Home Address:		Correspondence Addre	ess: (if different)	
Home Phone Num	ber:	Mobile Phone Number:	:	
Email Address:				
Are there any restri	ctions regarding your employ	ment?	Yes No	
(if you answer Yes, please provide details on sepa		parate sheet)		
Do you require a Work Permit?			Yes No	
Are you registered with the Teaching Council?			Yes No	
,	g			
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.				ch
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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?					
2 OHALIEICATIONS					
3. QUALIFICATIONS 3.1 Second Level Education					
Leaving Certificate/Equivalent					
Year					
School attended:					
Subject			Gra	ade	Hons/Ord
3.2 Primary Degrees/Diplomas:					
University/Institute/College:					
Ovalification (Hana/Dana)		Aandina D	l		
Qualification (Hons/Pass):		Awarding B	oay:		
Final Grade:					
Year of Entry:		Year Qualified:			
Subjects studied:					
First Year Subjects		Final	Year S	Subjects	

3.3 PME / PGDE / HDIP / Eq	uivalent):			
University/Institute/College:				
O'mvoron,y, mountaite, comeger				
Qualification:		Awarding Bo	dy:	
Final Grade:				
Year of Entry:		Year Qualifie	d:	
Subjects studied:				
3.4 Post graduate Qualifica	<u>tions</u>			
University/Institute/College:				
Qualification:		Awarding Boo	dy	
Final Grade:				
3.5 In-Service Courses/Trai	ning			
List any in-service courses/train these courses. Start with the mo	ing you have received. P st recent and work backw	lease include da ards.	ates of the relevant training	and duration of
Name of Course	Name of Organisation running cou		Length of Course	Year
1			1	i

4. EMPLOYMENT HISTORY

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

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

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
	, ,		

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 ANI	D SIGNATURE			
o. Decementation An				
In the event of you being reco		e Board of Management is ob	liged to comply with	
If you are recommended for the Board of Management who withdraw an offer of employment.	en the offer of employment is	being made. The Board of M	anagement may	
The Board of Management ca disclosure.	nnot enter into a Contract of	Employment without first rece	iving a vetting	
By signing below, you consen Bureau, being made available				
You are also required to sign accurate.	the declaration below certifyir	ng that all information you hav	e provided is	
The Selection Committee may Providing incorrect information from the selection process or,	n or deliberately concealing a	ny relevant facts may result ir		
I declare that the information supplied in this application form is accurate and true.				
Signed		Date		

Completed Applications should be returned <u>by post or email</u> on or before <u>13:00 on Friday</u> <u>12th December, 2025.</u>

- <u>The Secretary, Board of Management, Malahide Community School, Broomfield, Malahide Co. Dublin.</u>
- office@malahidecs.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.