STANDARD APPLICATION FORM FOR TEACHING POST

DELETION OF ANY FIELD WILL INVALIDATE THIS APPLICATION

Applicants,	please note:
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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 <i>only</i> to that address.

If applications are required to be submitted *by post*, 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. The successful candidate will be required to present original documents in relation to teaching/other qualifications prior to appointment.

Position Advertised	 	
School	 	
ROLL NUMBER		

	Received by:	Date:	Time:
Office use only			

	Арр	LICANT'S PERSONAL DETAILS	
Name (as per Teaching Council Register)	ı		
Correspondence Address	M	lobile Phone No.	
Line 1:	L	andline No.	
Line 2:	E	-mail Address (Please print	
Line 3:		early if completing in handwritten	
Eircode	TO.	rmat)	
	Qualific	ATION TO TEACH AT PRIMARY LEV	/EL
Qualification(s)		Awarding University, College or Institute	Final results received: Day/Month/Year
	TEA	CHING COUNCIL REGISTRATION	
Registration Number			
Registered under Regulation (please to	ick as appro	opriate):	
Route 1 Primary		(
Route 2 Post Primary		(
Route 3 Further Education		(
Route 4 Other	(
Registration Status: Full (Conditional (
If conditional, please tick the condition the met:	hat has not	been fulfilled and indicate the exp	iry date by which each condition must be
Condition 1: Droichead/Probation Condition 2: Induction Workshop Progra	(amme (Expiry Date: Expiry Date:	
Condition 3: Irish Language Requireme	·	Expiry Date:	

				To: From:
School Name & Address		(s) of service in school	Position(s) held	Dates in each Position From:
EACHING EXPERIENCE — MOST RECENT IF NEWLY QUALIFIED, PLEASE GO TO NEX	T PAGE			1
Qualification & Grade		g University, e or Institute	Length of Course	Final results received Day/Month/Year
NCLUDE UNDER-GRADUATE & POST-GRAD PPLICABLE. THE SUCCESSFUL CANDIDAT				S IN SPECIAL EDUCATION, IF
DETAILS OF ACADEMIC QUALIFICATION				
		Expiry Date:		
ondition 4: Qualification Shortfall	•		ify:	

					To:		
					From	<u> </u>	
					To:		
					From	1:	
					To:		
Post(s) of Responsibility H	ELD (IF ANY)	- Most recent first					
School Name	Ad	ddress	Posi	tion(s) h	neld	Date	S
						From:	
						То:	
						From:	
						То:	
*IF NEWLY QUALIFIED PLEASE INS	SERT TEACHI	NG PRACTICE GRADES - M	OST RECENT	FIRST			
School Name		Address	Class	taught	Da	ates	Grade
					From:		
					To:		
					From:		
					To:		
					From:		
					To:		
					From:		
					To:		
					<u> </u>		
Additional qualifications e.g	. ICT, CERT	TIFICATE TO TEACH RELIGIO	ON (IF APPLIC	CABLE)			
College(s)		Qualification and Year		Module	s Studie	d	
				Ī			

THER RELEVANT, NON-ACCREDI	TED COURSES - MOST RECENT F	FIRST		
Areas of S pecial interest –	CURRICUI AR			
Area	Expertise/Experience/Sp	ecialism undertaken	in College	
OTHER RELEVANT EMPLOYMEN	T EXPERIENCE — MOST RECENT F	TIRST		
Employer/Project	Position	Duties	Dates	Grade
			From:	
			То:	
			From:	
	+		To: From:	
			To:	
			From:	
			То:	

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 CO	ONTRIBUTE 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		

Names & Contact Details of Referees*				
Referee 1		Referee 2		
Name	Nan	ne		
Role	Role			
Address	Add	ress		
Work Tel Number	Wor Num	k Tel nber		
Home Tel Number	Hom Num	ne Tel nber		
Mobile No.	Mob	pile No.		
Refere	ee 3	Referee 4		
Name	Nan	ne		
Role	Role	9		
Address	Add	ress		
Work Tel Number	Wor Num	k Tel nber		
Home Tel Number	Hom Num	ne Tel nber		
Mobile No.	Mob	pile No.		

*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 Interview Board reserves the right to seek a reference from the current employer.
- **5.** The Interview Board in its sole discretion will determine the suitability of any reference. The Interview 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.