

This application form should be returned by email to the Coordinator of the Workshop you are applying to (see [Website](#) for emails).

- All information must be included in the application form.
- Shortlisting will be based on the information contained in the application form only.

A. DETAILS OF APPLICANT

Name: _____ **Address:** _____

email: _____

Contact Number: _____

Workshop you are applying to: _____

B. TRAINING & EXPERIENCE

1. Outline your Teaching Qualifications

Level & Title of Qualification	Subject(s) Studied	Awarding Body	Year

2. Are you registered (or eligible for registration) with the Teaching Council of Ireland?

☐ Yes ☐ No

Teaching Council No: _____

3. Have you at least 1 years' school teaching experience? ☐ Yes ☐ No Outline below

Name & Address of Employer	Position (starting with the most recent)	Length of Time Worked	Duties & Responsibilities

4. Have you undertaken additional training in teaching methods best suited to children with dyslexia? ☐ Yes ☐ No Provide details

Provider	Title of Relevant Courses (CPD)	Year & Course Length	Areas Covered

5. Outline your experience of teaching students with dyslexia

6. Have you worked in a Dyslexia Ireland Workshop or Readable Project?

Workshop ☐ Yes ☐ No

Role & dates

Readable Project ☐ Yes ☐ No
Role & dates _____

C. REFEREES

Please give details of two people who have consented to give references. By providing names, you are giving DAI consent to seek references as a condition of any offer of employment.

Company/Organisation

Name: _____

Name of Referee: _____

Job Title: _____

Phone Number: _____

email: _____

Relationship to Applicant: _____

Principal, colleague etc.

Company/Organisation

Name: _____

Name of Referee: _____

Job Title: _____

Phone Number: _____

email: _____

Relationship to Applicant: _____

D. DECLARATION

- I confirm that the above information is correct, to the best of my knowledge.
- I confirm that there are no restrictions on my right to work in Ireland.
- I understand that I must successfully complete Garda Vetting with the organisation before starting employment.
- I understand that any omissions or misrepresentation of information on this application form may in the event of my obtaining employment result in disciplinary action up to and including dismissal.
- I also consent to this data being processed and retained in line with GDPR.

Signature _____

Date [Click to enter date.](#)

Return the completed form by email to the Coordinator of the Workshop you are applying to.

If you need any assistance with this application, please contact the Coordinator.

Equal Opportunity: The Dyslexia Ireland is an equal opportunity employer in line with the provisions of its Equality Policy.

Data Protection/GDPR: The Dyslexia Ireland will use the information in this application solely for the purposes of the recruitment process. It will be retained for a minimum of 12 months, stored and disposed of confidentially as per our Data Protection Policy & Procedures.

