



# Christian Brothers Secondary School Mitchelstown

Meánscoil na mBráithre, Baile Mhistéala, Co. Chorcaí

Tel: 025 24104 | Fax: 025 85153 | Email: [info@cbsmitchelstown.ie](mailto:info@cbsmitchelstown.ie) | Web: [www.cbsmitchelstown.ie](http://www.cbsmitchelstown.ie)

## Application Form for Specific Purpose (Maternity leave) Subjects required: English

### INFORMATION TO APPLICANTS

- Please ensure that the application form is completed fully and accurately. Please do not forward a CV or cover note as the Selection Board will shortlist (if required) based on the information gathered from this form only.
- Application form must be **typed**, handwritten forms will not be accepted.
- Documents to be included with this completed and signed application:
  - Copy of certificates, diplomas, degrees
  - Teaching Council Registration form
- Completed application and relevant documentation must be forwarded **by email only** to **[recruitment@cbsmitchelstown.ie](mailto:recruitment@cbsmitchelstown.ie)** Mark subject line "English".
- Closing date for receipt of completed application forms is Friday June 13th at 12 noon.
- Late applications cannot be considered.
- Canvassing will automatically disqualify.

| PERSONAL DETAILS      |                                   |
|-----------------------|-----------------------------------|
| NAME                  | John Doe                          |
| AGE                   | 35                                |
| ADDRESS               | 123 Main St, New York, NY 10001   |
| PHONE                 | (212) 555-1234                    |
| EMAIL                 | john.doe@example.com              |
| DATE OF BIRTH         | 1989-01-15                        |
| SSN                   | 123-45-6789                       |
| EDUCATION             | BS in Computer Science, NYU       |
| EMPLOYMENT            | Software Engineer at ABC Corp     |
| RELIGION              | Christianity                      |
| POLITICAL AFFILIATION | Democrat                          |
| LANGUAGES             | English, Spanish                  |
| HOBBIES               | Reading, Hiking, Gardening        |
| EMERGENCY CONTACT     | Jane Doe (Mother), (917) 555-9876 |

|           |  |
|-----------|--|
| Name      |  |
| Address   |  |
| Telephone |  |
| Email     |  |

| TEACHING COUNCIL REGISTRATION DETAILS |                                       |
|---------------------------------------|---------------------------------------|
| 1                                     | TEACHING COUNCIL REGISTRATION DETAILS |

|                                                                |  |
|----------------------------------------------------------------|--|
| Are you registered with the Teaching Council?                  |  |
| What is your Teaching Registration Council number?             |  |
| Please list your subjects registered with the Teaching Council |  |
| <b>List: (Include whether JC/LC and level)</b>                 |  |

## EDUCATION RECORD

### THIRD LEVEL QUALIFICATIONS

#### 1. Primary Degree

|                                                 |  |                     |                 |
|-------------------------------------------------|--|---------------------|-----------------|
| University/Institute/College:                   |  |                     |                 |
| Degree Title                                    |  |                     |                 |
| Award/Grade ( <u>Please state final grade</u> ) |  | Year of Entry:      | Year Qualified: |
| First Year Subjects                             |  | Final Year Subjects |                 |
|                                                 |  |                     |                 |
|                                                 |  |                     |                 |
|                                                 |  |                     |                 |
|                                                 |  |                     |                 |

#### 2. Teacher Education Qualifications

|                                      |                      |
|--------------------------------------|----------------------|
| Awarding Body:                       |                      |
| Year of Entry:                       | Year of Award/Grade: |
| Grade Achieved in Teaching Practice: |                      |

Are you a current member of a pedagogical subject association?

Yes ☐ No ☐ Name of association: \_\_\_\_\_

#### 3. Postgraduate qualifications (Excluding Teacher Qualification listed above)

|                               |                |                 |
|-------------------------------|----------------|-----------------|
| University/Institute/College: |                |                 |
| Title                         |                |                 |
| Award and Grade:              | Year of Entry: | Year Qualified: |



## EMPLOYMENT RECORD

### 1. Teaching experience to date

| Name & Address of School | Dates of employment |    | Contract type:<br>PWT/TWT/<br>RPT/<br>Part Time | Hours per week<br>timetabled | Subjects Taught |
|--------------------------|---------------------|----|-------------------------------------------------|------------------------------|-----------------|
|                          | From                | To |                                                 |                              |                 |
|                          |                     |    |                                                 |                              |                 |
|                          |                     |    |                                                 |                              |                 |
|                          |                     |    |                                                 |                              |                 |
|                          |                     |    |                                                 |                              |                 |
|                          |                     |    |                                                 |                              |                 |
|                          |                     |    |                                                 |                              |                 |

### 2. Non-teaching experience (if applicable)

| Dates<br>(From/To) | Name & Address of<br>Employer | Position Held | Summary of Main Duties |
|--------------------|-------------------------------|---------------|------------------------|
|                    |                               |               |                        |
|                    |                               |               |                        |
|                    |                               |               |                        |
|                    |                               |               |                        |

## SUPPORTING STATEMENT

Outline, in your own words, your approach to teaching.

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## EXTRA-CURRICULAR ACTIVITIES

Please outline any extra-curricular activities in which you have been and/or would be prepared to be involved.

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## PERSONAL DECLARATION:

If this section is not completed, your application will not be considered for processing.  
Please an X in the relevant box in each case.

6.1 Have you been investigated by the Gardaí, HSE, or your employer in relation to substantiated complaints made concerning your treatment of children?

YES

☐

NO

☐

6.2 Were you the subject of any allegation of criminal conduct or wrongdoing towards a minor?

YES

☐

NO

☐

6.3 Are you aware of any material circumstance in respect of your own conduct which touched/touches on the welfare of a minor?

YES

☐

NO

☐

The school undertakes that all responses furnished by you in respect of the above questions will be treated as confidential, subject to any reporting obligations which may be imposed on the school, pursuant to “Children First” published by the Department of Children and Youth Affairs, the Child Protection Procedures for Primary and Post Primary Schools published by the Department of Education and Skills or pursuant to any legal obligation imposed on the school to facilitate the effective investigation of crime.

In the event of your being recommended for appointment to this position the Board of Management is obliged to comply with the terms of current DES Circulars including Circular 0031/2016 which requires that you provide the school authority with access to vetting disclosure from the National Vetting Bureau of An Garda Síochána in respect of you.

This applies in respect of all recommendations for appointment to teaching, principal, deputy principal and support staff positions where the person recommended for appointment is not currently an employee of the school and applies irrespective of whether the person has been previously vetted or not.

Please note that appointment to the position is subject to the outcome of the vetting process and the Board of Management’s determination of suitability for employment in the position having regard to the vetting information received. No appointment will be confirmed until the aforementioned steps have been completed.

Further note that it is essential that you make appropriate and full disclosure in response to the questions at 6.1, 6.2 and 6.3 above. In the event of an offer of employment being made to you by the Board of Management, this personal declaration will constitute a fundamental term of the contract of employment. In the event of your being recommended for this post you will also be required to complete a Statutory Declaration and Form of Undertaking, which will be retained by the school. If, at any time, it is subsequently established that you have made an incomplete and/or inaccurate disclosures, you may face disciplinary action, up to and including dismissal.

## REFERENCES

Please provide names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work from whom a professional reference can be sought. One should be your current or most recent employer.

|                            |                      |
|----------------------------|----------------------|
| <b>Name:</b>               | <b>Full Address:</b> |
| <b>Position/Job Title:</b> |                      |
| <b>Tel No/Mobile No:</b>   | <b>E Mail:</b>       |
|                            |                      |
| <b>Name:</b>               | <b>Full Address:</b> |
| <b>Position/Job Title:</b> |                      |
| <b>Tel No/Mobile No:</b>   | <b>E Mail:</b>       |

I certify to the Board of Management that the information provided in this application is true and correct.

**Signature of Applicant**.....

**Date**.....