

Name of Candidate: _____

Coláiste na Toirbhirte, Bandon, Co. Cork

Our school is a community seeking to develop the full potential of each student – intellectual, spiritual, emotional and social

T: 023 8841814

E: office@presbandon.ie

APPLICATION FOR THE POSITION OF GAEILGE

PLEASE COMPLETE **ALL SECTIONS** OF THIS APPLICATION FORM. IF A SECTION DOES NOT APPLY TO YOU, THEN PLEASE INSERT "N/A" OR "NON-APPLICABLE" ON THAT SECTION OF THE FORM.

SECTION A – PERSONAL DETAILS

Surname:	
Forename:	

P.P.S NO _____

Teaching Council Number:							
Subjects registered to teach:							

Garda Vetting Reference Number:							
(UP TO DATE GARDA VETTING DISCLOSURE)							

Address for Correspondence:	

Home Phone Number:	
Mobile Phone Number:	
E-mail address:	

SECTION B – EDUCATION HISTORY

Name of Primary School:	
Address of Primary School:	
Name of Secondary School:	
Address of Secondary School:	

Year of Leaving Certificate Exam:

SECTION C – PROFESSIONAL DEVELOPMENT

Name of Candidate: _____

Please list names of:

(a) Educational courses done (e.g.ECDL)	(b) Membership of Professional Organisations (e.g. Irish Science Teachers Association)

SECTION D – QUALIFICATIONS

In the grid below please enter the exact title of each qualification, e.g. Bachelor of Arts, Bachelor of Education Degree, National Diploma in Design, Higher Diploma in Education, Diploma for Art and Design Teachers, Master of Arts, etc.

	Degree Qualification or Equivalent	Teacher Education Qualification	Other (e.g. Masters)
TITLE OF QUALIFICATION			
AWARDING AUTHORITY			
COLLEGE ATTENDED			
COMMENCEMENT DATE-YEAR			
YEAR AWARDED (or Date of Award)			
DURATION OF COURSE	<input type="checkbox"/> Part Time <input type="checkbox"/> FullTime	<input type="checkbox"/> Part Time <input type="checkbox"/> FullTime	<input type="checkbox"/> Part Time <input type="checkbox"/> FullTime
SUBJECTS TAKEN IN FINAL EXAMS		SUBJECT METHODOLOGIES TAKEN IF APPLICABLE	
LEVEL OF AWARD (RESULTS) (e.g. 2.1 Honours, Pass)			

If you have further qualifications, please provide details below (or on a separate sheet)

SECTION E – EMPLOYMENT RECORD

Name of Candidate: _____

This section is split into teaching and non-teaching. Please include periods when you were not working under the non-teaching section. Continue on separate sheet if necessary.

TEACHING EXPERIENCE

Please give most recent employment first.

Dates (from – to)	Length of time (months/years)	Name & Address of School/College	Subjects and Levels (HL) or (OL) taught <small>HL=Higher Level OL=Ordinary Level</small>	Year Group (e.g. 1 st yr, 5 th yr)	Position held (full-time/*part-time) <i>*please specify no. of hours per week</i>
					<input type="checkbox"/> Part Time <input type="checkbox"/> FullTime
					<input type="checkbox"/> Part Time <input type="checkbox"/> FullTime
					<input type="checkbox"/> Part Time <input type="checkbox"/> FullTime
					<input type="checkbox"/> Part Time <input type="checkbox"/> FullTime
					<input type="checkbox"/> Part Time <input type="checkbox"/> FullTime
					<input type="checkbox"/> Part Time <input type="checkbox"/> FullTime

NON-TEACHING EXPERIENCE

Please give most recent employment first.

Name of Candidate: _____

Name of Employer	Address of Employer	Post title	Dates (from – to)	Position held (part-time/ full-time)
				<input type="checkbox"/> Part Time <input type="checkbox"/> FullTime
				<input type="checkbox"/> Part Time <input type="checkbox"/> FullTime
				<input type="checkbox"/> Part Time <input type="checkbox"/> FullTime
				<input type="checkbox"/> Part Time <input type="checkbox"/> FullTime
				<input type="checkbox"/> Part Time <input type="checkbox"/> FullTime

SECTION F – REFERENCES

