#### Please note:

This form must be signed.
All questions must be answered.
Do not change the question numbers or sequence.
No letter of application, CV or written reference should accompany this form.

Office use only
Date Received:



# **CABINTEELY COMMUNITY SCHOOL**

APPLICATION FOR TEACHING POSITION					
eaching Post/s Applied for:					
DEDCONAL DETAILS					
. PERSONAL DETAILS  First Name:	Surnama				
First Name:	Surname:				
Home Address:	Correspondence	ce Address: (if different)			
Home Phone Number:	Mobile Phone N	Number:			
Email Address:					
Are there any restrictions regarding your en (if you answer Yes, please provide details o		Yes No			
Do you require a Work Permit?		Yes No			
Are you registered with the Teaching Coun	oil?	Yes No			
If YES, Teaching Council Registration Num	ber:				
(Please state subjects qualified to teach at P	ost Primary Level)				
If NO, are you eligible for registration and w	villing to register?				
Please note that the successful candidate vinclude registration with the Teaching Cour		will have to fulfill DES conditions which			

## 2. PRESENT POSITION

Please give details of					
Employer:	Address	s:		Job Title:	
How much notice do y your current employe	ou need to give				
QUALIFICATION					
3.1 Second Level Educ Leaving Certificate/Equ					
Year					
School attended:					
Subject				Grade	Hons/Ord
0.00	N. 1		,		-
3.2 Primary Degrees/D	<u>lipiomas</u>				
University/Institute/Colle	ege:				
Degree Title:					
Qualification (Hons/Pas	s):	A	warding Body	:	
Year of Entry:		Year Qualified:			
Subjects studied:					
First Year Subject	S		Final Yea	r Subjects	

3.3 PGDE / HDIP / Equivalen	ıt·			
University/Institute/College:	<u>.</u>			
Title:				
Tide.				
Qualification (Hons/Pass):		Awarding Bod	y:	
Year of Entry:		Year Qualified	:	
Subjects studied:				
				_
3.4 Post graduate Qualificat	<u>ions</u>			
University/Institute/College:				
Title:				
Qualification (Hons/Pass):		Awarding Body	<b>y</b> :	
Year of Entry:		Year Qualified:		
3.5 In-Service Courses/Train List any in-service courses/traini these courses. Start with the mo	ng you have received. Ple	ease include date vards.	es of the relevant training and	I duration of
Name of Course	Name of Organisation running co		Length of Course	Year
				1

#### 4. EMPLOYMENT HISTORY

### **4.1 Teaching Experience**

Please provide details of your teaching experience beginning with the most recent post.

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

### 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:					
•						
<u>C</u>	ther referee:					
	Name & Title:	Position Held:	Telephone/Mobile:	Email:		
	Full address:					
•						
7	. DECLARATION AN	ND SIGNATURE				
<ul> <li>You are required to sign the declaration below certifying that all information you have provided is accurate.</li> <li>The Selection Committee may wish to check any of the details you have provided.</li> <li>Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or, where discovery is made after an appointment, in summary dismissal.</li> </ul>						
I declare that the information supplied in this application form is accurate and true.						
	Signed Date					

Completed Applications should be returned <u>by email</u> to office@cabinteelycs.ie or by post to The Secretary, Board of Management, Cabinteely Community School, Johnstown Road, Kilbogget, Cabinteely, Co. Dublin, D18 VH73 by 12 noon on Thursday 21th August 2025.

Only shortlisted candidates will be notified

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.