

# St Peter's, Passage West, Co Cork

Application Form: Completed form must be typed

Post Applied

for:

|  |
|--|
|  |
|--|

## Personal Details

|                                      |   |   |
|--------------------------------------|---|---|
| Name                                 |   |   |
| Address                              |   |   |
| Phone                                | M | H |
| Email                                |   |   |
| Teaching Council Registration Number |   |   |

## Qualifications

|               | Subjects and Grades (list all subjects) |  |  |  |  |  |  |
|---------------|---|--|--|--|--|--|--|
| Leaving Cert. |   |  |  |  |  |  |  |
| Grade         |   |  |  |  |  |  |  |
| Total Points  |   |  |  |  |  |  |  |

|                             | Title | College -Course Duration | Year of Award | Grade: Honours-Pass | Overall Result |
|-----------------------------|-------|--------------------------|---------------|---------------------|----------------|
| Primary Degree              |       |                          |               |                     |                |
| Teaching Qualification      |       |                          |               |                     |                |
| Post Graduate Qualification |       |                          |               |                     |                |

Teaching Subjects: Give details of your subject(s) and levels that are recognised by the Teaching Council.

| Subjects | Level |
|----------|-------|
| 1.       |       |
| 2.       |       |
| 3.       |       |

### Other Relevant Qualifications / Experience

| Qualification |  |
|---------------|--|
| 1.            |  |
| 2.            |  |

### Supporting Statement

Please provide a summary (max 200 words) of your teaching experience, your approach to teaching and any extra-curricular activities you have organised and are willing to promote.

## Teaching Experience

Teacher Training: Please give details below of relevant teaching experience

|  | Name of school(s) | Subject(s) taught and hours per week | Dates of Employment |    | Duration of work (weeks -months years) |
|--|-------------------|--------------------------------------|---------------------|----|--|
| Teacher Training<br>If in last three years |                   |                                      |                     |    |  |
| Name of Supervisor<br>And contact details  |                   |                                      |                     |    |  |
| Substitute Work                            |                   |                                      | From                | To |  |
| RPT- Part-Time                             |                   |                                      | From                | To |  |
| Full-Time                                  |                   |                                      | From                | To |  |

## Present Occupation

| Employer | Contact Details |
|----------|-----------------|
|          |                 |

## References

|               |  |
|---------------|--|
| Name          |  |
| Address       |  |
| Email         |  |
| Phone         |  |
| Position Held |  |

|               |  |
|---------------|--|
| Name          |  |
| Address       |  |
| Email         |  |
| Phone         |  |
| Position Held |  |

## Documentation and Declarations

The following documents must be attached to your application

Proof of registration with The Teaching Council incl. evidence that your membership is current. (In the event that registration is pending, proof of application to the Teaching Council must be supplied.) Copies will suffice but you must be able to supply originals if required.

- **Garda Vetting Clearance.**
- **Two Written References**

### DECLARATION

I declare that I have not canvassed, nor do I intend to do so, either directly or indirectly, for this Post. I certify that the particulars given above are true and accurate and that I have not omitted any material facts. I accept that any offer of an appointment is conditional upon verification of the information supplied and **sanction of the post by the DES**. I give my consent to the board of management of St. Peter's making such reasonable enquiries as it sees fit in respect of my application. I accept that once I have commenced employment, the board of management of St. Peter's will be entitled to terminate my contract without notice or withdraw the offer of employment if information in this application is untrue or inaccurate or if there are material omissions from it.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**COMPLETED TYPED FORMS SHOULD BE RETURNED BY POST ONLY TO:**

Secretary of the Board of Management,  
St Peter's,  
Passage West,  
Co. Cork

BY NOT LATER THAN THE DATE STATED ON THE ADVERTISEMENT FOR THE POST(S)  
St Peter's Community School is an Equal Opportunities Employer