

Board of Management Holy Family Community School Application Form for Teaching Post

Name:

Position(s) Applied For: _____

Information for Candidates

- 1. Completed, signed application forms should be returned to the Secretary, Board of Management, Kilteel Road, Rathcoole, Co. Dublin, no later than the deadline specified on www.educationposts.ie
- 2. Applications in hard copy format <u>may be sent by post only</u>. Electronic copies of application forms will not be accepted.
- 3. Late applications will <u>not</u> be accepted. The Board of Management accepts no responsibility for applications that are received late.
- 4. Please do not supply your Curriculum Vitae as the Selection Board will consult this application form only. Applicants may use page 8 to supply any additional relevant information they wish to bring to the attention of the Selection Board.
- 5. Application forms may be completed using word processing software or written by hand. If you are using word processing software you are allowed to reformat the answer lines in the application form. Do not change the question numbers or sequence.
- 6. The Board of Management will nominate a date and time for interviews which cannot be altered. Short listing may apply.
- 7. The Board of Management will not acknowledge receipt of completed application forms but will notify each interviewee of the success or otherwise of his / her application.
- 8. 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 be subject to the satisfactory outcome of the Garda Vetting Process and satisfactory references.

1. Personal Details.

Name:				
Address:				
Telephone Numbers:				
Email Address:				
Are there any restrictions regarding your employment? (if you answer Yes, please provide details on separate sheet)	Yes		No]
Do you require a Work Permit?	Yes		No]
Are you registered with the Teaching Council?	Yes		No]
If Yes, state your Teaching Council Registration Number:				
If No, are you eligible for registration and willing to register?				
Subjects registered with Teaching Council:				
Garda Vetting: Have you been vetted by the National Vetting I	Bureau?	Yes [No	
If yes, state when: Year:				

Please give details of your current position:		
Employer:	Address:	Job Title:
How much notice do you need your current employer?	to give	

2. Third Level Qualifications.

Teaching Qua	alifications:	
(a)	Primary Degree:	
	Grade (e.g. Pass / Honours – 2:1, etc.):	
	University / College:	
	Year of entry:	Year qualified:
	First Year Subjects:	
	Degree Subject(s):	
(b)	Qualification in Education (e.g. H.Dip/PGDE	C/PME):
	Grade (e.g. Pass / Honours – 2:1, etc.):	
	University/College:	
	Year of entry:	Year qualified:
Post Graduat	te Qualifications:	
(a)	Qualification:	
	Institution:	
	Year of entry:	Year qualified:
(b)	Qualification:	
	Institution:	
	Year of entry:	Year qualified:
(c)	Qualification:	
	Institution:	
	Year of entry:	Year qualified:

3. Employment History.

Experience: Name & Address of School	Contract Type PWT/RPT/Part- time/Fixed Term	If pro-rata part- time, timetabled hours per week.	Subjects Taught	Level
	Name & Address of	Name & AddressContract TypeofPWT/RPT/Part-Schooltime/Fixed	Name & AddressContract TypeIf pro-rata part-ofPWT/RPT/Part-time, timetabledSchooltime/Fixedhours per week.	Name & AddressContract TypeIf pro-rata part- time, timetabledSubjects TaughtofPWT/RPT/Part- time/Fixedtime, timetabledSchooltime/Fixedhours per week.

Non-Teaching Experience (if applicable): Please provide details of your work history beginning with the most recent post:

Name & Address of Employer	Position held	Summary of Main Duties

4. Professional Development.

Details of membership of and involvement in professional associations:

Dates From / To	
From / To	Details

List In-Service / Professional Development Courses taken:

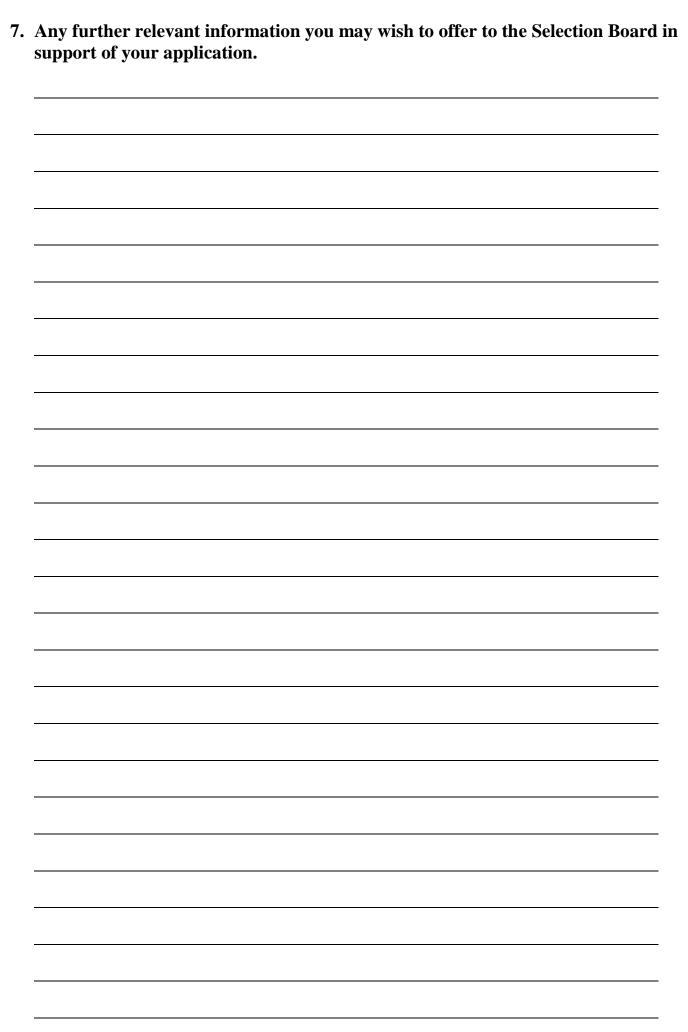
Name of Course	Name of Organisation/Institution running course	Length of Course	Year

5. Outline the approach to teaching which you prefer.

6. Outside Interests.

Name any extra-curricular activities which you might care to promote:

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List outside activities and interests in order of importance to you:



8. Referees.

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:			

Other referee:

Name & Title:	Position Held:	Telephone/Mobile:	Email:
Full address:			

9. Declaration and signature.

Signed	Date
declare that the information supplied in this applic	ation form is accurate and true.
	the details you have provided. Providing incorrect facts may result in disqualification from the selection tment, in summary dismissal.
You are also required to sign the declaration below accurate.	certifying that all information you have provided is
	re, received by the Teaching Council from the Vetting dance with the requirements of Circular Letter 31/2016.
The Board of Management cannot enter into a Contra lisclosure.	ract of Employment without first receiving a vetting
f you are recommended for this position, a vetting of Board of Management when the offer of employment withdraw an offer of employment if a satisfactory ve	с ,
with the terms of current Department of Education a	ition, the Board of Management is obliged to comply and Skills circular letters.

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