APPLICATION FORM FOR PRIMARY PRINCIPALSHIP

DELETION OF ANY FIELD WILL INVALIDATE THIS APPLICATION

Applicants, please note:

1 If the advertisement states that electronic applications will be accepted, the Application Form should be emailed to the <u>dedicated email address</u> provided in the advertisement and <u>only to that address</u>.

If applications are required to be submitted <u>by post</u>, the Application Form must be sent to the Chairperson's address as specified in the advertisement.

- 2 The completed form must arrive at the dedicated email address/specified postal address on or before the date and time stated in the advertisement. Late applications will neither be accepted nor considered.
- 3 Canvassing will disqualify.
- 4 If completing this form in handwriting, please use **black ink.**

5 **DO NOT**

- enclose/attach a separate letter of application or
- enclose/attach a Curriculum Vitae or
- enclose/attach any certificates.

The successful candidate will be required to present original documents in relation to teaching/other qualifications prior to appointment.

For office use only	Received by:	Date:	Time:

APPLICANT'S PERSONAL DETAILS					
Name (as per Teaching Council Register)					
Correspondence Address		Mobile Phone No			
			Landline No.		
			Lanume NO.		
			E-mail Address (Please print clearly if completing in handwritten format)		
Total length of accredited se primary teacher in Ireland	rvice as a		Total length of accredited service as a primary teacher in other jurisdictions		
	QUAL		TEACH AT PRIMARY LE		
Qualification(s)		Awarding Ur Institute	niversity, College or	Final result Day/Mor	
	-	TEACHING CO	UNCIL REGISTRATION		
Registration Number:					
Registered under Regulati	on (pleas	e tick as appr	opriate):		
Regulation 2 (Primary)					
Regulation 3 (Montessori an	d Other C	ategories)			
Regulation 4 (Post-primary)					
Regulation 5 (Further Educa	ition				
Registration Status: Full D Conditional					
If conditional, please state the condition(s) and the date by which each condition must be met:					
Condition 1:			Expiry Date:		
Condition 2:		Expiry Date:			
Condition 3:			Expiry Date:		
Pending: If pending, please state the date of submission of application:					
Have you completed the registration condition of Probation? Yes D No D					
If yes in what setting? Mainstream Restricted					

DETAILS OF ACADEMIC QU INCLUDE UNDER- GRADUATE & PO				WILL BE ASKED TO PI	RESENT ORIGINAL DOCUMENTS
Qualification		Awarding University, College or Institute		Length of Course	Final results received: Day/Month/Year
TEACHING EXPERIENCE - MC HANDWRITTEN FORMAT).	OST RECENT	I FIRST (IF NECESSARY EXPAI	ND THE SECTION OF	R USE ADDITIONAL P	AGES IF COMPLETING IN
School Name & Address		of service ne school	Positi	on(s) held	Dates
					From: To:
Post(s) of Responsibilit	TY HELD	(IF ANY) – Most recen	T FIRST		
School Name		Address	Posi	tion(s) held	Dates
					From: To:

All information provided in this form is confidential to the Selection Board

ADDITIONAL QUALIFICATIONS E.G. ICT, SEN, CERTIFICATE TO TEACH RELIGION (IF APPLICABLE)					
College(s)	Qualification	Year of Award	Modules Studied		

OTHER RELEVANT, NON-ACCREDITED COURSES - MOST RECENT FIRST:				
Course Provider	Duration and Year of Study	Modules Studied		

PLEASE PROVIDE A BROAD OVERVIEW OF YOUR EXPERIENCE OR KNOWLEDGE OF THE ROLE OF MANAGEMENT IN A SCHOOL CONTEXT (150 WORDS APPROX.)

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PLEASE OUTLINE ANY PREPARATION YOU HAVE UNDERTAKEN WITHIN THE LAST FIVE YEARS TO PREPARE YOU FOR PRINCIPALSHIP (PROFESSIONAL DEVELOPMENT / IN-SERVICE OR OTHER FORMS OF PREPARATION) (150 WORDS APPROX.)

DESCRIBE WHAT YOU BELIEVE TO BE THE CHARACTERISTICS OF AN EFFECTIVE SCHOOL

DESCRIBE WHAT YOU BELIEVE TO BE THE CHARACTERISTICS OF AN EFFECTIVE PRINCIPAL

WHAT IS YOUR PERSONAL VISION FOR THE ROLE OF PRINCIPAL IN A SCHOOL?

WHAT STRENGTHS OR QUALITIES WOULD YOU BRING TO THIS PARTICULAR POST?

WHAT DO YOU REGARD AS THE KEY ISSUES IN EDUCATION AND HOW DO THESE IMPACT ON THE ROLE OF PRINCIPAL?

WHY HAVE YOU APPLIED TO BECOME PRINCIPAL OF THIS PARTICULAR SCHOOL?

From: To:

From: To:

AREAS OF SPECIAL INTEREST – CURRICULAR /OTHER					
Area		Expertise/Experience			
OTHER RELEVANT EMPLOYME	NT EXPERIENCE - MOST REC	ENT FIRST			
Employer/Project	Position	Duties	Dates		
			From:		
			То:		
			From:		
			То:		

ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APP	LICATION.

NAMES & CONTACT DETAILS OF REFEREES*				
	Reference 1		Reference 2	
Name		Name		
Role		Role		
Address		Address		
Work Tel Number		Work Tel Number		
Home Tel Number		Home Tel Number		
Mobile Number		Mobile Number		
Reference 3			Reference 4	
Name		Name		
Role		Role		
Address		Address		
Work Tel Number		Work Tel Number		
Home Tel Number		Home Tel Number		
Mobile Number		Mobile Number		

*Please Note:

- 1. Only those referees who know you in a professional capacity should be included. At least three names should be provided.
- 2. Close relatives and friends **should not** be listed as referees.
- 3. As it is probable that referees will have to be contacted outside of school times, it is crucial that phone numbers (preferably mobile numbers) outside of working hours, are given.
- 4. If the current employer (*where applicable*) is not named as a referee, the Selection Board reserves the right to seek a reference from the current employer.
- 5. The Selection Board in its sole discretion will determine the suitability of any reference. The Selection Board further reserves the right to seek from a candidate the names of additional referees.

I hereby declare that all the particulars furnished on this application form are true and correct to the best of my knowledge and that I am aware of the qualifications, requirements and particulars for this post, as set out in the advertisement and other relevant documentation.

Signature _____

Date _