



APPLICATION FORM FOR A TEACHING POSITION

Teaching Post(s) applied for: **Teaching Post(s) Title(s)** Have you previously applied for a position at Mayfield Community School? Yes No If Yes, state year of application: Were you shortlisted and interviewed? Yes **APPLICANT DETAILS** Α. **TEACHER REGISTRATION NUMBER: DATE OF REGISTRATION:** Have you been vetted via the Garda Central Vetting Unit: Yes No If yes, state when: Year Title Surname First Name **Contact Details Home Address Correspondence Address** (if different) Home Tel: Work Tel: Mobile: **Email Address:** Are there any restrictions regarding your employment? (If you answer yes, please provide details on a page titled "Other Information"

Do you require a work permit?					
;ive your current e	employer?				
	School Attended				
	School Attended:				
Grade		Hons/Ord			
<u>Primary Degree</u>					
University/Institute/College:					
Year of Entry:		Year Qualified:			
1 st Year Subjects		Final Year Subjects			
	Grade	Year of Entry:			

H.D.E./P.G.C.E./P.M.E./ Equivalent

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Year of Award/Grade:					
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(Hons/Pass)					
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In-service Courses/Training (List	anv in-service courses/t	rainina va	ou have recei	ved)	
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In-Service Training Course			Length of	Course	Year

C. EMPLOYMENT RECORD

TEACHING EXPERIENCE (please begin with your present, or most recent employment)

Name & Address Of School	Date From	Date To	Contract Type PWT/TWT/ PRPT	If Pro-rata part-time, timetabled hrs per wk	Subjects Taught	Level

NON-TEACHING EXPERIENCE

Dates (From/To)	Name & Address of Employer	Position Held	Summary of Main Duties

D. SUPPORTING STATEMENT

This section is for you to provide a summary of your teaching experience (teaching profile) — your approach to teaching and any extra-curricular activities you have organised and are willing to promote.
Additional Information:

E. REFERENCES

Please provide names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work from whom a professional reference can be sought. 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.

1. Name:	Full Address:			
Position/Job Title:				
Tel/Mobile:	Email:			
2. Name:	Full Address:			
Position/Job Title:				
Tel/Mobile: Email:				
F. DECLARATION AND SIGNATURE				
Please sign the form below, certifying that all information you have provided is accurate				
The Committee may wish to check any of the details you have provided				
Providing incorrect information or deliberately concealing any relevant facts may result in qualification from the selection process or, where discovery is made after an appointment, in summary dismissal.				

Completed application forms should be sent to *The Secretary, Board of Management, Mayfield Community School, Old Youghal Road, Mayfield, Cork by* **Wednesday 29**th **May at 12.00 noon**.

Date:

I declare that the information supplied in this application is accurate and true.

Applications will not be accepted by fax/email

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.