

APPLICATION FORM FOR PRIMARY DEPUTY PRINCIPALSHIP

Applicants, please note:

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

If applications are required to be submitted by post, 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 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:
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APPLICANT'S PERSONAL DETAILS			
Name (as per Teaching Council Register)			
Correspondence Address		Mobile Phone No	
		Landline No.	
		E-mail Address <i>(Please print clearly if completing in handwritten format)</i>	
Total length of accredited service as a primary teacher in Ireland		Total length of accredited service as a primary teacher in other jurisdictions	
QUALIFICATION TO TEACH AT PRIMARY LEVEL			
Qualification(s)	Awarding University, College or Institute	Final results received: Day/Month/Year	
TEACHING COUNCIL REGISTRATION			
Registration Number: _____			
Registered under Regulation (please tick as appropriate):			
Regulation 2 (Primary)		<input type="checkbox"/>	
Regulation 3 (Montessori and Other Categories)		<input type="checkbox"/>	
Regulation 4 (Post-primary)		<input type="checkbox"/>	
Regulation 5 (Further Education)		<input type="checkbox"/>	
Registration Status: Full <input type="checkbox"/>		Conditional <input type="checkbox"/>	
<i>If conditional, please state the condition(s) and the date by which each condition must be met:</i>			
Condition 1: _____		Expiry Date: _____	
Condition 2: _____		Expiry Date: _____	
Condition 3: _____		Expiry Date: _____	
Pending: <i>If pending, please state the date of submission of application:</i> _____			
Have you completed the registration condition of Probation? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes in what setting? Mainstream <input type="checkbox"/>		Restricted <input type="checkbox"/>	

DETAILS OF ACADEMIC QUALIFICATIONS – MOST RECENT FIRST

INCLUDE UNDER-GRADUATE & POST-GRADUATE QUALIFICATIONS. THE SUCCESSFUL CANDIDATE WILL BE ASKED TO PRESENT ORIGINAL DOCUMENTS

Qualification	Awarding University, College or Institute	Length of Course	Final results received: Day/Month/Year

TEACHING EXPERIENCE - MOST RECENT FIRST (IF NECESSARY EXPAND THE SECTION OR USE ADDITIONAL PAGES IF COMPLETING IN HANDWRITTEN FORMAT).

School Name & Address	Dates of service in the school	Position(s) held	Dates
			From: To:
			From: To:
			From: To:
			From: To:
			From: To:

POST(S) OF RESPONSIBILITY HELD (IF ANY) – MOST RECENT FIRST

School Name	Address	Position(s) held	Dates
			From: To:
			From: To:
			From: To:
			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.)

PLEASE OUTLINE ANY PREPARATION YOU HAVE UNDERTAKEN WITHIN THE LAST FIVE YEARS TO PREPARE YOU FOR DEPUTY 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 DEPUTY PRINCIPAL

WHAT IS YOUR PERSONAL VISION FOR THE ROLE OF DEPUTY 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 DEPUTY PRINCIPAL?

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

AREAS OF SPECIAL INTEREST – CURRICULAR /OTHER

Area	Expertise/Experience

OTHER RELEVANT EMPLOYMENT EXPERIENCE - MOST RECENT FIRST

Employer/Project	Position	Duties	Dates
			From: To:
			From: To:
			From: To:
			From: To:

ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION.

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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 _____

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