APPLICATION FORM FOR TEACHING POST OF IRISH

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 any certificates.

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

	Received by:	Date:	Time:
Office use only			

	APPLICANT'S PERSONAL DETAILS			
Name (as per Teaching Council Register)				
Correspondence Address	Mobile Phone No			
	Landline No			
	E-mail Address (please print clearly if completing in handwritten format)			
Qu	ALIFICATION TO TEACH AT PRIMARY LEVE	L		
Qualification(s)	Awarding University, College or Institute	Final results received: Day/Month/Year		
	TEACHING COUNCIL REGISTRATION			
Teaching Council Registration Number _				
Registration Status: Full	Conditional	Pending		
Pending: If pending, please state the date of	submission of application:			

_

		RECENT FIRST			
INCLUDE UNDER-GRADUATE & POST-C SUCCESSFUL CANDIDATE WILL BE ASKE			ANY QUALIFICATIONS IN SPECI	AL EDUCA	TION, IF APPLICABLE. THE
Qualification & Grade	Award	ing University, College or Institute	Length of Course		nal results received: Day/Month/Year
TEACHING EXPERIENCE – MOST R FORMAT).	ECENT FIRST (IF	NECESSARY EXPAND THE SECT	ION OR USE ADDITIONAL PAG	ES IF CON	IPLETING IN HANDWRITTEN
*IF NEWLY QUALIFIED, PLEASE GO TO	NEXT PAGE				
*IF NEWLY QUALIFIED, PLEASE GO TO I	NEXT PAGE	Date(s) of service in the school	Position(s) held	Dates	in each Position
	NEXT PAGE	Date(s) of service in the school	Position(s) held	Dates	
	NEXT PAGE		Position(s) held	From: To:	
	NEXT PAGE		Position(s) held	From	
	NEXT PAGE		Position(s) held	From To: From	
	NEXT PAGE		Position(s) held	From To: From To: From To:	
	NEXT PAGE		Position(s) held	From To: From To: From To: From	
	NEXT PAGE		Position(s) held	From To: From To: From To:	
	NEXT PAGE		Position(s) held	From To: From To: From To: From To:	
		the school	Position(s) held	From To: From To: From To: From To: From	
School Name & Address	D (<i>IF ANY</i>) – Mo	the school	Position(s) held	From To: From To: From To: From To: From	
School Name & Address	D (<i>IF ANY</i>) – Mo	the school		From To: From To: From To: From To: From	Dates From:
School Name & Address	D (<i>IF ANY</i>) – Mo	the school		From To: From To: From To: From To: From	: Dates
School Name & Address	D (<i>IF ANY</i>) – Mo	the school		From To: From To: From To: From To: From	Dates From:
School Name & Address	D (<i>IF ANY</i>) – Mo	the school		From To: From To: From To: From To: From	Dates From: To:

POSITION OF IRISH WITH MATHS OR SEN ST. ANNE'S SECONDARY SCHOOL, TIPPERARY TOWN ROLL NR: 65500L

*IF NEWLY QUALIFIED PLEASE INSERT	TEACHIN	G PRACTICE GRADES – MOST R	ECENT FIRS	т		
School Name		Address	Class t	aught	Dates	Grade
					From: To:	
					10.	
					From:	
					То:	
					- France	
					From: To:	
					-	
					From:	
					То:	
ADDITIONAL QUALIFICATIONS E.G. IC	T, C ERTI		APPLICABL	.E)		
College(s)		Qualification and Year		Module	es Studied	
OTHER RELEVANT, NON-ACCREDITED	COURSES	- MOST RECENT FIRST				

POSITION OF IRISH WITH MATHS OR SEN	ST. ANNE'S SECONDARY SCHOOL, TIPPERARY TOWN	ROLL NR:
65500L		

AREAS OF SPECIAL INTEREST – CURRICULAR/OTHER							
Area Expertise/Experience/Specialism undertaken in College							
OTHER RELEVANT EMPLOYMENT EXP Employer/Project	PERIENCE – MOST RECENT FIRST Position	Duties	Dates	Grade			
Linployer/Hojeet	rosition	Dates	From:	Gidde			
			То:				
			From:				
			То:				
			From:				
			То:				
			From: To:				
Please indicate how you think your experience/skill(s) can assist in this particular post							
	NOT MORE THAN	150 WORDS					

PLEASE INDICATE HOW YOU THINK YOU CAN CONTRIBUTE TO THE ETHOS AND SUCCESS OF THIS SCHOOL NOT MORE THAN 150 WORDS ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION NOT MORE THAN 150 WORDS

NAMES & CONTACT DETAILS OF REFEREES*					
Referee 1		Referee 2			
Name		Name			
Roll		Roll			
Address		Address			
Work Tel Number		Work Tel Number			
Home Tel Number		Home Tel Number			
Mobile Nr		Mobile Nr			
Re	eferee 3		Referee 4		
Name		Name			
Roll		Roll			
Address		Address			
Work Tel Number		Work Tel Number			
Home Tel Number		Home Tel Number			
Mobile Nr		Mobile Nr			

*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.
- 1. 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				