

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 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 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. | |
| | | 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)

Regulation 3 (Montessori and Other Categories)

Regulation 4 (Post-primary)

Regulation 5 (Further Education)

Registration Status: Full 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 No

If yes in what setting? Mainstream Restricted

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: |

POSITION ADVERTISED

SCHOOL

ROLL NR.

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.)

POSITION ADVERTISED

SCHOOL

ROLL NR.

**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.)**

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

POSITION ADVERTISED

SCHOOL

ROLL NR.

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?

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

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SCHOOL

ROLL NR.

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?

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POSITION ADVERTISED

SCHOOL

ROLL NR.

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.

Empty box for additional information.

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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 _____

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