

POBALSCOIL SRÁID A'MHUILINN MILLSTREET COMMUNITY SCHOOL

Please note:

This form must be signed.
All questions must be answered.
Do not change the question numbers or sequence.
No letter of application, CV or written reference should accompany this form.

Office use only	
Date Received:	

APPLICATION FOR PHYSICS, BIOLOGY & SCIENCE (17 HRS)

1. PERSONAL DETAILS

First Name:	Surname:
Home Address:	Correspondence Address: (if different)
Home Phone Number:	Mobile Phone Number:
Email Address:	
Are there any restrictions regarding your employe	ment? Yes No
(if you answer Yes, please provide details on sep	parate sheet)
Do you require a Work Permit?	Yes No

Are you registered with the Teaching Council?			Yes	No		
If YES, Teaching Council Registra	If YES, Teaching Council Registration Number:					
If NO, are you eligible for registrati	on and willing to registe	er?				
Please note that the successful ca include registration with the Teach		DES and will ha	ave to fulfill Di	ES conditions which		
2. PRESENT POSITION						
Please give details of your curre	ent position:					
Employer:	Address:		lob Title:			
How much notice do you need to your current employer?	o give					
3. QUALIFICATIONS						
3.1 Second Level Education						
Leaving Certificate/Equivalent Year						
School attended:						
Subject		Grad	е	Hons/Ord		

3.2 Primary Degrees/Diplomas:	
University/Institute/College:	
Qualification (Hons/Pass):	Awarding Body:
Year of Entry:	Year Qualified:
Subjects studied:	
First Year Subjects	Final Year Subjects
3.3 PGDE / HDIP / Equivalent):	
University/Institute/College:	
Qualification:	Awarding Body:
Year of Entry:	Year Qualified:
Subjects studied:	
3.4 Post graduate Qualifications	
University/Institute/College:	
Qualification:	Awarding Body

3.5 In-Service Courses/Training List any in-service courses/training you have received. Please include dates of the relevant training and duration of these courses. Start with the most recent and work backwards. Name of Course Name of Organisation/Institution running course Length of Course Year

4. EMPLOYMENT HISTORY

4.1 Teaching Experience

Please provide details of your teaching experience beginning with the most recent post.

Dates (From/To)	Name & Address of School	Contract Type PWT/RPT/Part- time	If pro-rata part-time, timetabled hours per week.	Subjects Taught	Level

Dates (From/To)	Name & Address of School	Contract Type PWT/RPT/Part- time	If pro-rata part-time, timetabled hours per week.	Subjects Taught	Level

4.2 Non-Teaching Experience (if applicable)Please provide details of your work history beginning with the most recent post.

Dates (From/To)	Name & Address of Employer	Position held	Summary of Main Duties
	. ,		

5. SUPPORTING STATEMENT

This section is for you to provide a summary of your teaching experience, your approach to teaching and any extra-curricular activities you have organised and are willing to promote.		

6. REFERENCES

Please provide names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work to whom professional reference can be made. 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 for interview].

Present or most recent employer:

Name & Title:	Position Held:	Telephone/Mobile:	Email:	
		•		
Full address:				
Other referee:				
Name & Title:	Position Held:	Telephone/Mobile:	Email:	
Full address:				
8. DECLARATION AND	SIGNATURE			
In the event of you being recomr the terms of current DES circular		pard of Management is ob	liged to comply with	
If you are recommended for this the Board of Management when withdraw an offer of employment	the offer of employment is beir	ng made. The Board of M	anagement may	
The Board of Management cannot enter into a Contract of Employment without first receiving a vetting disclosure.				
By signing below, you consent to Bureau, being made available to	•	,	•	
You are also required to sign the declaration below certifying that all information you have provided is accurate.				
The Selection Committee may w Providing incorrect information o from the selection process or, wh	or deliberately concealing any re	elevant facts may result in		
I declare that the information sup	oplied in this application form is	accurate and true.		
Signed		 Date		

Completed Applications should be returned by EMAIL ONLY to vacancies@millstreetcommunityschool.ie on or before 04/06/19:

The Secretary, Board of Management, Millstreet Community School

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 and satisfactory references.