

# Castlereagh 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 or CV should accompany this form.

**Office use only**  
Date Received:

## APPLICATION FOR TEACHING POSITION – FRENCH (22 hours per week)

### 1. PERSONAL DETAILS

<b>First Name:</b>	<b>Surname:</b>				
<b>Home Address:</b>	<b>Correspondence Address: (if different)</b>				
<b>Home Phone Number:</b>	<b>Mobile Phone Number:</b>				
<b>Email Address:</b>					
Are there any restrictions regarding your employment? (if you answer Yes, please provide details on separate sheet)					
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Do you require a Work Permit?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you registered with the Teaching Council?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, Teaching Council Registration Number:		_____			
If NO, are you eligible for registration and willing to register?		_____			
Please list subjects you are registered to teach according to the Teaching Council:					
_____					
_____					
Please note that the successful candidate will be paid by DES and will have to fulfill DES conditions which include registration with the Teaching Council.					

## 2. PRESENT POSITION

<b>Please give details of your current position:</b>		
<b>Employer:</b>	<b>Address:</b>	<b>Job Title:</b>
<b>How much notice do you need to give your current employer?</b>		

## 3. QUALIFICATIONS

<b>3.1 Second Level Education</b>		
Leaving Certificate/Equivalent Year _____		
School attended:		
<b>Subject</b>	<b>Grade</b>	<b>Hons/Ord</b>

<b>3.2 Primary Degrees/Diplomas:</b>	
University/Institute/College:	
Name of 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:	
Name of Qualification:	Awarding Body:
Year of Entry:	Year Qualified:
Subjects studied:	
PGDE / HDip Teaching Practice Grade awarded:	

**3.4 Post graduate Qualifications**

University/Institute/College:	
Name of 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.

<b><i>Name of Course</i></b>	<b><i>Name of Organisation/Institution running course</i></b>	<b><i>Length of Course</i></b>	<b><i>Year</i></b>

# 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

**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



## 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

<ul style="list-style-type: none"><li>▪ You are required to sign the declaration below certifying that all information you have provided is accurate.</li><li>▪ The Selection Committee may wish to check any of the details you have provided.</li><li>▪ Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or, where discovery is made after an appointment, in summary dismissal.</li></ul> <p>I declare that the information supplied in this application form is accurate and true.</p> <p>_____</p> <p>Signed _____ Date _____</p>
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**Completed Applications should be returned by email to: [principal@castlereacs.com](mailto:principal@castlereacs.com) on or before 3pm Tuesday 11<sup>th</sup> August 2020:**

**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. All appointments are subject to the sanction and approval of the Department of Education and Skills, Garda Vetting and the post not being required for the redeployment process.**