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 <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 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:
Offity			

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)				
Total length of accredited service as primary teacher in Ireland	a	Total length of accredited service as a primary teacher in other jurisdictions				
		TEACH AT PRIMARY LE				
Qualification(s)	Awarding Un Institute	niversity, College or		inal results received: Day/Month/Year		
	TEACHING CO	OUNCIL 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						
If conditional, please state the condit	ion(s) and the	date by which each c	ondition must be n	net:		
Condition 1:	Expiry Date:					
Condition 2:		Expiry Date:				
Condition 3:	Expiry Date:					
Pending: If pending, please state the	e date of subm	nission of application:_				
Have you completed the registration condition of Probation? Yes ☐ No ☐						
If yes in what setting? Mainstream ☐ Restricted ☐						

DETAILS OF ACADEMIC QUI				E WILL BE ASKED TO PF	RESENT ORIGINAL DOCUMENTS
Qualification		Awarding University, College or Institute		Length of Course	Final results received: Day/Month/Year
TEACHING EXPERIENCE - MC HANDWRITTEN FORMAT).	OST RECENT	FIRST (IF NECESSARY EXPA	ND THE SECTION O	R USE ADDITIONAL PA	LAGES IF COMPLETING IN
School Name & Address		of service ne school	Posit	ion(s) held	Dates
					From: To:
Post(s) of Responsibility	TY HELD ((IF ANY) – MOST RECEN	T FIRST		
School Name		Address	Pos	ition(s) held	Dates
					From: To:

ADDITIONAL QUALIFICATIONS E.G. ICT, SEN, CERTIFICATE TO TEACH RELIGION (IF APPLICABLE)

College(s)	Qualification	Year of Award	Modules Studied
OTHER RELEVANT, NON-ACCREDITED	O COURSES - MOS	T RECENT FIRST:	
Course Provider	Duration and	Year of Study	Modules Studied
PLEASE PROVIDE A BROAD OVERVIE SCHOOL CONTEXT (150 WORDS APP		RIENCE OR KNOW	LEDGE OF THE ROLE OF MANAGEMENT IN A
CONSCI CONTEXT (100 WORLDS AFT)	NOX.		

	PREPARATION YOU HAVE UNDERTAKEN WITHIN THE LAST FIVE YEARS TO PREPARE YOUR ROFESSIONAL DEVELOPMENT / IN-SERVICE OR OTHER FORMS OF PREPARATION)
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DESCRIBE WHAT YOU E	BELIEVE TO BE THE CHARACTERISTICS OF AN EFFECTIVE SCHOOL

AREAS OF SPECIAL INTEREST - CURRICULAR /OTHER					
Area		Expertise/Experi	ence		
OTHER RELEVANT EMPLOYMENT E	EXPERIENCE - MOST REC	ENT FIRST			
Employer/Project	Position	Duties	Dates		
			From: To:		
ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION.					

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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