APPLICATION FORM FOR PRIMARY Deputy Principal

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	Received by:	Date:	Time:
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)			
Total length of accredited service as primary teacher in Ireland	s a	Total length of accre			
QUALIFICATION TO T					
Qualification(s)		niversity, College or	Final results	s received:	
	Institute		Day/Mor		
	TEACHING CO	UNCIL REGISTRATION			
Registration Number:					
Registered under Regulation (ple	ase tick as appı	ropriate):			
Regulation 2 (Primary)					
Regulation 3 (Montessori and Other	r Categories)				
Regulation 4 (Post-primary)					
Regulation 5 (Further Education					
Registration Status: Full	Registration Status: Full				
If conditional, please state the condition(s) and the date by which each condition must be met:					
Condition 1:					
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? Mains	tream 🗖	Restricted \square			

DETAILS OF ACADEMIC QU				SAUL DE AOVED TO DO	DESENT ORIGINAL POSUMENTS
Include under- graduate & po	JST-GRADUA	Awarding University	, College or	Length of Course	Final results received: Day/Month/Year
TEACHING EXPERIENCE - MC HANDWRITTEN FORMAT).	OST RECENT	FIRST (IF NECESSARY EXPAI	ND THE SECTION OF	R USE ADDITIONAL PA	AGES IF COMPLETING IN
School Name & Address		of service ne school	Positi	on(s) held	Dates
					From: To:
Post(s) of Responsibility	ry Held ((IF ANY) – Most recen	T FIRST		
School Name		Address	Pos	tion(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 COURSES — MOST RECENT FIRST:					
Course Provider	Duration and	Year of Study	Modules Studied		
PLEASE PROVIDE A BROAD OVERVIE ORGANISATIONAL ELEMENTS IN YOU					

PLEASE OUTLINE ANY PREPARATION YOU HAVE UNDERTAKEN WITHIN THE LAST FIVE YEARS TO PREPARE YOU

FOR DEPUTY PRINCIPAL (PROFESSIONAL DEVELOPMENT / IN-SERVICE OR OTHER FORMS OF PREPAR (150 WORDS APPROX.)	RATION)
Tree wende hi r nexiy	
в.	
DESCRIBE BRIEFLY AN AREA OF LEADING THE TEACHING AND LEARNING IN YOUR SCHOOL CONTEXT APPROX.)	(150 WORDS

DEPUTY PRINCIPAL

20216L

OUTLINE YOUR VISION FOR WHAT SCHOOL DEVELOPMENT MIGHT ENTAIL IN AN EFFECTIVE SCHOOL	
DESCRIBE WHAT YOU BELIEVE TO BE THE CHARACTERISTICS OF AN EFFECTIVE SCHOOL	

DESCRIBE WHAT YOU BELIEVE TO BE THE CHARACTERISTICS OF AN EFFECTIVE DEPUTY PRINCIPAL

WHAT IS YOUR PERSONAL VISION FOR THE ROLE OF DEPUTY PRINCIPAL IN A SCHOOL?

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

WHAT STRENGTHS OR QUALITIES WOUL	WHAT STRENGTHS OR QUALITIES WOULD YOU BRING TO THIS PARTICULAR POST?			
WHY HAVE YOU APPLIED TO BECOME DI	EPUTY PRINCIPAL OF THIS PARTICULAR SCHOOL?			
AREAS OF SPECIAL INTEREST - CURRIC	ULAR /OTHER			
Area	Expertise/Experience			
OTHER RELEVANT EMPLOYMENT EXPERIENCE - MOST RECENT FIRST				

SCOIL OILIBHÉIR NAOFA

ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION.

20216L

Employer/Project	Position	Duties	Dates
			From:
			То:
			From:
			То:
			From:
			То:
			From:
			То:

1			
	NAMES & CO	NTACT DETAILS OF REFEREES	*
	NAMES & Co	NTACT DETAILS OF REFEREES	* Reference 2
Name		NTACT DETAILS OF REFEREES Name	
Name Role			
		Name	
Role		Name Role	
Role Address		Name Role Address	
Role		Name Role	
Role Address Work Tel		Name Role Address Work Tel	
Role Address Work Tel Number Home Tel		Name Role Address Work Tel Number Home Tel	

Number		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