### Please note:

This form must be signed.
All questions must be answered.
Do not change the question number

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 HISTORY & GEOGRAPHY TEACHING POSITION (MATERNITY LEAVE)

### 1. PERSONAL DETAILS

First Name:		Surname:		
Home Address:		Correspondence Addre	ess: (if different)	
Home Phone Num	ber:	Mobile Phone Number:	:	
Email Address:				
•	ctions regarding your employ please provide details on sep		Yes No No	
(II you answer res,	please provide details on sep	Sarate Srieetj		
Do you require a W	ork Permit?		Yes No	
Are you registered	with the Teaching Council?		Yes No	
7 tro you registered	with the readining equitor.		100 110	
If YES, Teaching C	ouncil Registration Number:			
If NO, are you eligib	ole for registration and willing	to register?		
Please note that the successful candidate will be paid by DES and will have to fulfill DES conditions which				

Please give details of your c	urrent position:				
Employer:	Address:		Job Title:		
How much notice do you nee your current employer?	ed to give				
3. QUALIFICATIONS					
3.1 Second Level Education					
Leaving Certificate/Equivalent Year					
School attended:					
Subject		(	Grade	Hons/Ord	
		+			
3.2 Primary Degrees/Diploma	<u>as</u> :				
University/Institute/College:					
Qualification (Hons/Pass):		Awarding Body	Awarding Body:		
Year of Entry:		Year Qualified:			
Subjects studied:		1			
First Year Subjects		Final Yea	r Subjects		

include registration with the Teaching Council.

3.3 PGDE / HDIP / Equivaler	<u>nt)</u> :				
University/Institute/College:					
Qualification:		Awarding Boo	dy:		
Year of Entry:		Year Qualifie	d:		
Subjects studied:					
3.4 Post graduate Qualificat	tions				
University/Institute/College:					
Qualification:		Awarding Body			
					<u> </u>
3.5 In-Service Courses/Train	ing you have received. P	lease include da	ates of the relevant training a	and duration	of
Name of Course	St recent and work backwa Name of Organisation running cou	n/Institution	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

**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 ANI	O SIGNATURE		
In the event of you being reco		e Board of Management is ob	liged to comply with
If you are recommended for the the Board of Management who withdraw an offer of employment	en the offer of employment is	being made. The Board of M	anagement may
The Board of Management ca disclosure.	nnot enter into a Contract of I	Employment without first rece	iving a vetting
By signing below, you consen Bureau, being made available	•	•	•
You are also required to sign taccurate.	the declaration below certifying	g that all information you hav	e provided is
The Selection Committee may Providing incorrect information from the selection process or,	n or deliberately concealing a	ny relevant facts may result ir	
declare that the information s	supplied in this application for	m is accurate and true.	
Signed		 	

Completed Applications should be returned by post only on or before 26/07/2019 to:

The Secretary, Board of Management, Cashel Community School, Cashel, Co. Tipperary.

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.