Please note:

This form must be signed.
All questions must be answered.
Do not change the question numbers or sequence.

Office use only
Date Received:

APPLICATION FO	OR TEACHING POSITION
TEACHING COUNCIL SUBJECTS: _	

1. PERSONAL DETAILS

First Name:		Surname:				
Home Address:		Correspondence Addr	ess: <i>(if</i>	differe	ent)	
Home Phone Number	er:	Mobile Phone Number	:			
Email Address:						
Are there any restricti	ions regarding your employ	ment?	Yes		No	
(if you answer Yes, pl	lease 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 Registration Number:						
If NO, are you eligible for registration and willing		to register?				
Please note that the successful candidate will be paid by DES and will have to fulfill DES condition include registration with the Teaching Council.			nditions which			

2. PRESENT POSITION

Please give details of your current position:						
Employer:	Addres	s:			Job Title:	
How much notice do you need	to give					
your current employer?						
3. QUALIFICATIONS 3.1 Second Level Education						
Leaving Certificate/Equivalent						
Year						
School attended:						
Subject				Gra	ade	Hons/Ord
3.2 Primary Degrees/Diplomas:						
University/Institute/College:						
Qualification (Hons/Pass):			Awarding Boo	dy:		
Year of Entry: Year Qualified:						
Subjects studied:						
First Year Subjects			Final Ye	ear S	Subjects	

3.3 PGDE / HDIP / Equivaler	<u>nt)</u> :			
University/Institute/College:				
Qualification:		Awarding Bo	dy:	
Year of Entry:		Year Qualifie	d:	
Subjects studied:				
3.4 Post graduate Qualification	<u>tions</u>			
University/Institute/College:				
Qualification:		Awarding Body		
3.5 In-Service Courses/Trai List any in-service courses/train these courses. Start with the mo	ing you have received. P		ates of the relevant training	and duration of
Name of Course	Name of Organisation	n/Institution	Length of Course	Year

4. EMPLOYMENT HISTORY

4.1 Teaching ExperiencePlease 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	Name & Address of	Position held	Summary of Main Duties
(From/To)	Employer	T GOLGOTT TICK	Summary of Main Buttos

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 S	SIGNATURE		
o. DECLARATION AND C	DIGNATORL		
In the event of you being recomn the terms of current DES circular		d 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 being	made. The Board of M	anagement may
The Board of Management cannodisclosure.	ot enter into a Contract of Employ	ment without first rece	iving a vetting
By signing below, you consent to Bureau, being made available to			
You are also required to sign the accurate.	, ,	·	e provided is
The Selection Committee may winder Providing incorrect information or from the selection process or, when the selection process or when the selection process or the selection process or the selection in the selection in the selection in the selection process or the selection in the selection	deliberately concealing any rele	vant facts may result in	
I declare that the information sup	plied in this application form is ac	ocurate and true.	
Signed		Date	

Completed Applications should be returned by post or email on or before 31st July at 13:00.

- The Secretary, Board of Management, Malahide Community School, Broomfield, Malahide Co. Dublin.
- office@malahidecs.ie

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.