

**ROLL NO: 60491L** 

#### APPLICATION FORM FOR TEACHING POST

### DELETION OF ANY FIELD WILL INVALIDATE THIS APPLICATION

## **Applicants, please note:**

- 1 The application form should be emailed to the <u>dedicated email address</u> provided in the advertisement and <u>only to that address</u>.
- 2 The completed form must arrive at the dedicated email 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

- Attach a separate letter of application or
- Attach any certificates.

The successful candidate will be required to present original documents in relation to teaching/other qualifications prior to appointment.

# Position applied for:

Please state clearly teaching position applied for above

	Received by:	Date:	Time:
Office use only			



## ST DECLAN'S COLLEGE ROLL No: 60491L

A	PPLICANT'S PERSONAL DETAILS	3
Name (as per Teaching Council Register)		
Correspondence Address:	Mobile Phone No	
	Landline No	
Please enter address above	<b>E-mail Address</b> (please print clearly if completing in handwritten format)	
QUALIFICATION	TO TEACH AT PRIMARY LEVEL (IF	APPLICABLE)
Qualification(s)	Awarding University, College or Institute	Final results received: Day/Month/Year
т	EACHING COUNCIL REGISTRATION	
Registration Number		
Registered under Regulation (please tick as	s appropriate):	
Regulation 2 (Primary)		
Regulation 3 (Montessori and Other Categorie	es)	
Regulation 4 (Post-primary)		
Regulation 5 (Further Education)		
Registration Status: Full	Conditional	
If conditional, please state the condition(s) an	d the date by which each condition mus	t be met:
Condition 1:	Expiry Date:	
Condition 2:	Expiry Date:	
Condition 3:	Expiry Date:	
Pending: If pending, please state the date of	submission of application:	
Have you completed the registration condi	ition of Probation? Yes 🗖 N	∘ □
If Yes in what setting? Mainstream	Restricted	



**ROLL NO: 60491L** 

_		_		
DETAILS	OF ACADEMI	C QUALIFICATION	C MOCT DECENT	T CIDOT
	UP ALADEMI	. CJUDI IPICALICIN	<b>3</b> — WU 3   KEUEW	I FIRSI

INCLUDE UNDER-GRADUATE & POST-GRADUATE QUALIFICATIONS. PLEASE INCLUDE ANY QUALIFICATIONS IN SPECIAL EDUCATION, IF APPLICABLE. THE SUCCESSFUL CANDIDATE WILL BE ASKED TO PRESENT ORIGINAL DOCUMENTS.

Qualification, Subjects (where relevant) & Grade	Awarding University, College or Institute	Length of Course	Final results received: Day/Month/Year

**TEACHING EXPERIENCE** — MOST RECENT FIRST (IF NECESSARY EXPAND THE SECTION OR USE ADDITIONAL PAGES IF COMPLETING IN HANDWRITTEN FORMAT).

\*IF NEWLY QUALIFIED, PLEASE GO TO NEXT PAGE

School Name & Address	Date(s) of service in the school	Position(s) held	Dates in each Position
			From:
			To:
			From:
			To:
			From:
			То:
			From:
			То:
			From:
			То:



POST(S) OF RESPONSIBILITY HELD (IF ANY) – MOST RECENT FIRST			
School Name	Address	Position(s) held	Dates
			From:
			То:
			From:

**ROLL No: 60491L** 

To:

*IF NEWLY QUALIFIED PLEASE INSERT TEACHING PRACTICE GRADES — MOST RECENT FIRST				
School Name	Address	Class taught	Dates	Grade
			From:	
			То:	
			From:	
			То:	
			From:	
			То:	
			From:	
			To:	

ADDITIONAL QUALIFICATIONS E.G. ICT, CERTIFICATE TO TEACH RELIGION (IF APPLICABLE)			
College(s)	Qualification and Year	Modules Studied	

OTHER RELEVANT, NON-ACCREDITED COURSES — MOST RECENT FIRST	



**ROLL No: 60491L** 

AREAS OF SPECIAL INTEREST – CURRICULAR/OTHER	
Area Expertise/Experience/Specialism undertaken in College	

OTHER RELEVANT EMPLOYMENT EXPERIENCE – MOST RECENT FIRST				
Employer/Project	Position	Duties	Dates	Grade
			From:	
			То:	
			From:	
			To:	
			From:	
			To:	
			From:	
			To:	

PLEASE INDICATE HOW YOU THINK YOUR EXPERIENCE/SKILL(S) CAN ASSIST IN THIS PARTICULAR POST		
NOT MORE THAN 150 WORDS		



## ST DECLAN'S COLLEGE ROLL No: 60491L

PLEASE INDICATE HOW YOU THINK YOU CAN CONTRIBUTE TO THE ETHOS AND SUCCESS OF THIS SCHOOL  NOT MORE THAN 150 WORDS		
THO I MORE THAN 100 WORDS		
ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION		
NOT MORE THAN 150 WORDS		



**ROLL NO: 60491L** 

### **NAMES & CONTACT DETAILS OF REFEREES\*** Referee 2 Referee 1 Name Name Role Role Address Address Work Tel Work Tel Number Number Home Tel Home Tel Number Number Mobile No Mobile No Referee 3 Referee 4 Name Name Role Role Address Address Work Tel Work Tel Number Number Home Tel Home Tel Number Number Mobile No Mobile No

#### \*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