APPLICATION FORM FOR TEACHING POST

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 only to that address.
 - 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.

	Received by:	Date:	Time:
Office use only			

Ар	PLICANT'S F	PERSONAL DETAILS	3
Name (as per Teaching Council Register)			
Correspondence Address	Mobile Pl	none No	
Line 1:	Landline	No.	
Line 2:		dress (Please print	
Line 3:	clearly if cor handwritten		
Eircode			
QUALIFI	CATION TO T	EACH AT PRIMARY L	_EVEL
Qualification(s)		ing University, ge or Institute	Final results received: Day/Month/Year
TE	ACHING COU	NCIL REGISTRATION	
Registration Number			
Registered under Regulation (please tick as a	appropriate):		
Route 1 Primary (Formerly Regulation 2)			
Route 2 Post Primary (Formerly Regula			
Route 3 Further Education (Formerly Regular		П	
Route 4 Other (Formerly Regula			
Registration Status: Full □	Condition		
If conditional, please tick the condition that has met:	not been fulfille	ed and indicate the exp	iry date by which each condition must be
Condition 1: Droichead/Probation		Expiry Date:	
Condition 2: Induction Workshop Programme		Expiry Date:	
Condition 3: Irish Language Requirement		Expiry Date:	
Condition 4: Qualification Shortfall	-	Please specify:	
		Expiry Date:	

OF ACADEMIC	MOST RECENT FIRST

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 & 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:
			To:
			From:
			То:
			From:
			To:

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

Post(s) of Responsibilit	Y HELD (IF ANY) – MOST RECENT FII	RST	
School Name	Address	Position(s) held	Dates
			From:
			То:
			From:
			То:

*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:	
			То:	

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	

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:	
			То:	

NOT MORE THAN 150 WORDS	

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

NAMES & CONTACT DETAILS OF REFEREES*				
Referee 1			Referee 2	
Name		Name		
Role		Role		
Address		Address		
Work Tel Number		Work Tel Number		
Home Tel Number		Home Tel Number		
Mobile Nr		Mobile Nr		
Referee	3		Referee 4	
Name		Name		
Role		Role		
Address		Address		
Work Tel Number		Work Tel Number		
Home Tel Number		Home Tel Number		
Mobile Nr		Mobile Nr		

*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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