### Please note:

This form <u>must</u> be signed. All questions must be answered.

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 TEACHING POSITION 2019/2020**

Home Economics with Science – 22 Hours (Substitute - Maternity Leave)

## 1. PERSONAL DETAILS

First Name:		Surname:				
Home Address:		Correspondence Address: (if different)				
Home Phone Num	ber:	Mobile Phone Number	:			
Email Address:						
Are there any restrictions regarding your employed (if you answer Yes, please provide details on segments)			Yes		No	
Do you require a Work Permit?			Yes		No	
Are you registered with the Teaching Council?			Yes		No	
If YES, Teaching C						
If NO, are you eligit	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 cu	rrent position:			
Employer:	Address:		Job Title:	
How much notice do you nee	d to give			
your current employer?	<b>3</b>			
B. QUALIFICATIONS				
3.1 Second Level Education Leaving Certificate/Equivalent				
Year				
School attended:				
Subject			Grade	Hons/Ord
			1	<u> </u>
3.2 Primary Degrees/Diploma	<u>is</u> :			
University/Institute/College:				
Qualification (Hons/Pass):		Awarding Bo	dy:	
Year of Entry:		Year Qualified:		
Subjects studied:		,		
First Year Subjects		Final Ye	ear Subjects	

include registration with the Teaching Council.

3.3 PGDE / HDIP / Equivale	<u>ent)</u> :			
University/Institute/College:				
Qualification:		Awarding Bo	dy:	
Year of Entry:		Year Qualifie	d:	
Subjects studied:				
3.4 Post graduate Qualifica	ations			
University/Institute/College:				
Qualification:		Awarding Body		
3.5 In-Service Courses/Tra	<b>ining</b> ning you have received. P	lease include da	ates of the relevant training	and duration of
these courses. Start with the m	ost recent and work backw.  Name of Organisation	ards.	Length of Course	Year
Name or course	running cou		Length of Course	rear

# 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 AN	D SIGNATURE		
In the event of you being reco		e Board of Management is ob	oliged to comply with
If you are recommended for the Board of Management who withdraw an offer of employm	en the offer of employment is	being made. The Board of M	anagement may
The Board of Management ca	innot enter into a Contract of l	Employment without first rece	viving a vetting
By signing below, you consen Bureau, being made available			
You are also required to sign accurate.	the declaration below certifyir	g that all information you hav	e provided is
The Selection Committee may Providing incorrect information			a disqualification
from the selection process or,			
I declare that the information	supplied in this application for	m is accurate and true.	
Signed		 Date	

Completed Applications should be returned **by post only** on or before **2pm, Monday, 14**<sup>th</sup> **October 2019 to:** 

The Secretary,
Board of Management,
Carrick-on-Shannon Community School,
Carrick-on-Shannon,
Co. Leitrim.
N41 VX63.

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.

In submitting this form, you are agreeing that the information provided will be shared with the members of the appointed Selection Committee.

Please do <u>not</u> use staples or any form of plastic binding when submitting this form.

Interviews will be held during the week of the 14th October 2019 in Carrick-on-Shannon.