



# POBALSCOIL NA BÓINNE BOYNE COMMUNITY SCHOOL

Office use only Date Received:

#### **Please note:**

This form must be signed.

All questions must be answered.

Do not change the question numbers or sequence.

**TEACHING POSITION APPLIED FOR:** Geography (Maternity Cover)

#### 1. PERSONAL DETAILS

First Name:		Surname:				
Home Address:		Correspondence Addre	ess: <i>(if</i>	differe	ent)	
Home Phone Numl	ber:	Mobile Phone Number	:			
Email Address:						
Are there any restrictions regarding your employe		ment?	Yes		No	
(if you answer Yes,	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		to register?				<del></del>
Please note that the successful candidate will be paid by DES and will have to fulfill DES conditions which include registration with the Teaching Council prior to commencement of employment.						

## 2. PRESENT POSITION

Employer:	Addres	SS:		Job Title:	
How much notice do yo your current employer?					
3. QUALIFICATIONS	5				
3.1 Second Level Educa	ation_				
Leaving Certificate/Equiva					
Year					
School attended:					
Subject			Gr	ade	Hons/Ord
			•		
3.2 Primary Degrees/Dip	olomas:				
University/Institute/Colleg	le:				
Qualification (Hons/Pass)	:	Awa	rding Body:		
Year of Entry:		Yea	Year Qualified:		
Subjects studied:					
First Year Subjects			Final Year	Subjects	

3.3 PGDE / HDIP / Equival	ent):				
University/Institute/College:					
Qualification:		Awarding Body:			
Year of Entry:		Year Qualifie	d:		
Subjects studied:		•			
3.4 Post Graduate Qualific					
University/Institute/College:					
Qualification:		Awarding Body			
		1			
3.5 In-Service Courses/Tra List any in-service courses/tra these courses. Start with the n	nining you have received. F	Please include da vards.	ates of the relevant training a	and duration of	
Name of Course	Name of Organisation		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
	56.166				

**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
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## **5. SUPPORTING STATEMENT**

learning, assessment & any extra-curricular activities you have organised and are willing to promote.

This section is for you to provide a summary of your teaching experience, your approach to teaching &

#### 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 SI	GNATURE				
In the event of you being recomme the terms of current DES circular le		I of Management is ob	liged to comply with		
If you are recommended for this po the Board of Management when th withdraw an offer of employment if	e offer of employment is being r	made. The Board of Ma	anagement may		
The Board of Management cannot disclosure.	enter into a Contract of Employ	ment without first rece	iving a vetting		
By signing below, you consent to a Bureau, being made available to th	•	•	•		
You are also required to sign the declaration below certifying that all information you have provided is accurate.					
The Selection Committee may wisl Providing incorrect information or of from the selection process or, whe	deliberately concealing any relev	ant facts may result in	•		
I declare that the information suppl	lied in this application form is ac	curate and true.			
Signed Date					

Completed Applications should be returned <u>by hand, email, fax or post</u> on or before <u>4.00</u> p.m. on 7th November, 2019 to:

The Secretary, Board of Management, Boyne Community School, Trim Co. Meath

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.