APPLICATION FORM FOR BIOLOGY/MATHS

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 <u>only to that address</u>.
 - If applications are required to be submitted <u>by post</u>, the Application Form must be sent to the Principal 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.**

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			

APPLICANT'S PERSONAL DETAILS				
Name (as per Teaching Co Register)	ouncil			
Correspondence Address	, '	Mobile Ph	one No	
Line 1:	ı	Landline I	No.	
Line 2:			dress (Please print	
Line 3:		clearly if con handwritten i		
Eircode				
	QUALIFICATIO	N TO TEAC	H AT POST PRIMAR	Y LEVEL
Qualification(s)			ng University, e or Institute	Final results received: Day/Month/Year
	TEAC	HING COUI	NCIL REGISTRATION	ı
Registration Number				
Registered under Regulation (pl	lease tick as app	ropriate):		
	merly Regulation		П	
·	merly Regulation	•	П	
•	merly Regulation	•	П	
•	, ,	•	_	
Route 4 Other (For	merly Regulation	13)		
Registration Status: Full		Conditio	nal 🗖	
If conditional, please tick the condition that has not been fulfilled and indicate the expiry date by which each condition must be met:				
Condition 1: Droichead/Probation			Expiry Date:	
Condition 2: Induction Workshop Programme			Expiry Date:	
Condition 3: Irish Language Requi	irement \square		Expiry Date:	
Condition 4: Qualification Shortfall			Please specify:	
			Expiry Date:	

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	ACADEMIC QUAL	IEIO ATIONIO	MACOT DECE	TOOT
	$\Delta C \Delta D = MHC CJH\Delta I$		N/(C) \> R F (F	

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

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

School Name	School Name Ad		Pos	Position(s) held		Dates	
						From:	
						To:	
						From:	
						To:	
IF NEWLY QUALIFIED PLEA	SE INSERT	TEACHING PRACTICE	GRADES - M	IOST REC	ENT FIRS	Т	
School Name		Address	Class	taught	Da	ites	Grade
					From:		
					To:		
					From:		
					To:		
					From:		
					To:		
					From:		
					To:		
ADDITIONAL QUALIFICATIO	NS E.G. IC	, ETC. (IF APPLICABI	LE)				
College(s)		Qualification and	Year	Modul	es Studie	ed	
				1			

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:		
			To:		

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

PLEASE INDICATE HOW YOU THINK YOU	U CAN CONTRIBUTE TO THE ETHOS AND SUCCESS OF THIS SCHOOL NOT MORE THAN 150 WORDS
ADDITIONAL INFORMATION (NOT ALRE	ADY 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.