

Completed Application Form to be returned to mbrohan@stbenilduscollege.com by4pm on Friday 29th of May. All posts are subject to D.E.S. approval Provisional Date for Interviews: Week beginning 2nd of June 2019

St. Benildus College is a Droichead School.

Please state job you are applying for :

1. Personal

Leaving Certificate:

Second Level School attended:

Details		
Name		
Address		
Telephone		
Email		
Tanahina Carrail Dan	interesting Dataile	
Teaching Council Reg		
Are you registered wit	th the Teaching Council?	
What is your Teaching Registration Council number?		
Please list your subjects registered with the		
Teaching Council		
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2 Education Boo	مسا	
2. Education Rec	<u>ora</u>	

Year of Leaving Certificate Award:

JBJECT	LEVEL	LEVEL	
			GRADE
Dates	College		ations Level Grade
eacher Education Dates	Qualifications are: College	Evamina	ation Grade
Dates	College	LAGIIIII	ation Grade
ease state Grade	attained in Teaching Practice/Pla	cement :	
ditional Professi	onal Qualifications and Grades (C	Certificates/Diplo	mas or Training)

3. Teaching ex	(perience to-date(if applicable) :	
Dates From - to	Subjects taught and to what level	School/College/Organisation
4. Extra-curricula involved?	r activities in which you have be	en and/or would be prepared to be
Please outline:		

5.	Any other relevant information:			
Please	Please outline:			
6. Please supply the names and addresses of two referees, (At least one of your referees should know you in a professional capacity)				
a)	Name:			
	Address:			
	Telephone:			
b)	Name:			
-,	Address:			
	Telephone:			
I certify to the Board of Management that the information provided in this application is true and correct. Signature of Applicant: Date:				

The Board of Management of this school is an equal opportunities employer Shortlisting of candidates may take place.