Please note:

This form must be signed.
All questions must be answered.
Do not change the question numbers or sequence.

Office use only
Date Received:

APPLICATION FO	OR TEACHING POSITION
TEACHING COUNCIL SUBJECTS:	

1. PERSONAL DETAILS

First Name:		Surname:				
Home Address:		Correspondence Addr	ess: (if	differe	ent)	
Home Phone Number	r:	Mobile Phone Number	:			
Email Address:						
Are there any restriction	ns regarding your employ	ment?	Yes		No	
(if you answer Yes, ple	ease provide details on sep	parate sheet)				
Do you require a Work Permit?			Yes		No	
Are you registered with the Teaching Council?			Yes		No	
If YES, Teaching Coun						
If NO, are you eligible for registration and willing		to register?				
Please note that the successful candidate will be paid by DES and will have to fulfill DES conditions wh include registration with the Teaching Council.				nditions which		

2. PRESENT POSITION

Please give details of your cu	Address:		leb Title	
Employer:	Address:		Job Title:	
How much notice do you nee your current employer?	d to give			
3. QUALIFICATIONS				
3.1 Second Level Education				_
Leaving Certificate/Equivalent				
Year				
School attended:				
Subject			Grade	Hons/Ord
3.2 Primary Degrees/Diploma	<u>s</u> :			
University/Institute/College:				
Qualification (Hons/Pass):		Awarding Bod	y:	
Year of Entry:		Year Qualified	l:	
Subjects studied:				
First Year Subjects		Final Ye	ar Subjects	

3.3 PGDE / HDIP / Equivaler	<u>nt)</u> :			
University/Institute/College:				
Qualification:		Awarding Boo	dy:	
Year of Entry:		Year Qualifie	d:	
Subjects studied:				
3.4 Post graduate Qualifica	<u>tions</u>			
University/Institute/College:				
Qualification:		Awarding Body		
3.5 In-Service Courses/Trai List any in-service courses/train	ing you have received. P	lease include da	ates of the relevant training	and duration of
Name of Course	Name of Organisation running cou	n/Institution	Length of Course	Year

4. EMPLOYMENT HISTORY

4.1 Teaching ExperiencePlease 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 AND S	IGNATURE		
In the event of you being recommendate terms of current DES circular I		d of Management is ob	liged to comply with
If you are recommended for this p the Board of Management when the withdraw an offer of employment i	he offer of employment is being i	made. The Board of M	anagement may
The Board of Management canno disclosure.	t enter into a Contract of Employ	ment without first rece	iving a vetting
By signing below, you consent to Bureau, being made available to t			
You are also required to sign the caccurate.	, ,	•	e provided is
The Selection Committee may wis Providing incorrect information or from the selection process or, who	deliberately concealing any relev	vant facts may result in	
I declare that the information supp	olied in this application form is ac	curate and true.	
Signed		Date	

Completed Applications should be returned by post or email on or before 12th June 2020.

- <u>The Secretary, Board of Management, Malahide Community School, Broomfield, Malahide Co. Dublin.</u>
- office@malahidecs.ie

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.