

Cabinteely Community School

Please note:

This form must 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:	
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APPLICATION FOR TEACHING POSITION

1. PERSONAL DETAILS

First Name:		Surname:					
Home Address:		Correspondence	e Addre	ss: (if differ	ent)		
Home Phone Number	:	Mobile Phone N	Number:				
Email Address:							
	ns regarding your employment? ase provide details on separate shee	t)		Yes		No	
Do you require a Work		,		Yes		No	
	the Teaching Council?	Y	l'es	No			
If YES, Teaching Coun	icil Registration Number:						
Subjects you are qualifi	ied to teach (Route 2)						
Please note that the suc with the Teaching Cour	ccessful candidate will be paid by I	DES and will have	e to fulfi	ll DES cond	litions wh	ich ind	clude registration

Address: Job Title: How much notice do you need to give your current employer?	Please give details of your	current position:				
3. QUALIFICATIONS 3.1 Second Level Education Leaving Certificate/Equivalent Year	Employer:	Address:		Job Title:		
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Leaving Certificate/Equivalent Year School attended: Subject Grade Hons/Ord Hons/Ord 3.2 Primary Degrees/Diplomas: University/Institute/College: Qualification (Hons/Pass): Year of Entry: Year Qualified: Subjects studied:						
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University/Institute/College: Qualification (Hons/Pass): Year of Entry: Year Qualified: Subjects studied:	Subject			Grade	Hons/Ord	
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Year of Entry: Year Qualified: Subjects studied:	University/Institute/College	:				
Subjects studied:	Qualification (Hons/Pass):		Awarding Body	:		
	Year of Entry: Year Qualifie		Year Qualified:	ed:		
First Year Subjects Final Year Subjects	Subjects studied:		·			
	First Year Subjects		Final Yea	r Subjects		

3.3 PME / HDIP / Equivalent):					
University/Institute/College:					
Qualification:		Awarding Body	<i>7</i> :		
Year of Entry:		Year Qualified:			
Subjects studied:					
3.4 Post graduate Qualifications					
University/Institute/College:					
Qualification:		Awarding Body			
3.5 In-Service Courses/Training List any in-service courses/training Start with the most recent and work	you have received. Please in	nclude dates of th	e relevant training and duration	of these courses.	
Name of Course	Name of Organisation running cour		Length of Course	Year	
	3				

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.

Name & Address of	Position held	Summary of Main Duties
Employer		
	Employer Employer	Employer Fosition near Employer

5. SUPPORTING STATEMENT

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 and any extra-curricular

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	ND SIGNATURE						
In the event of you being recomme the terms of current DES circular leads		l of Management is oblig	ed to comply with				
If you are recommended for this position, a vetting disclosure must be made available to the Secretary to the Board of Management when the offer of employment is being made. The Board of Management may withdraw an offer of employment if a satisfactory vetting disclosure is not made available.							
The Board of Management cannot enter into a Contract of Employment without first receiving a vetting disclosure.							
By signing below, you consent to a vetting disclosure, received by the Teaching Council from the Vetting Bureau, being made available to the school in accordance with the requirements of Circular Letter 31/2016.							
You are also required to sign the declaration below certifying that all information you have provided is accurate. The Selection Committee may wish to check any of the details you have provided. Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or, where discovery is made after an appointment, in summary dismissal.							
I declare that the information supplied in this application form is accurate and true.							
Signed: Date:							

Principal : Clare Garrihy Deputy Principal : James Moloney

Telephone: 01 2852137 Fax: 012847145 Email: office@cabinteelycs.ie EirCode: D18 VH73

Completed Applications should be returned by email on or before 17th July 2020 to:

clare.garrihy@cabinteelycs.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.

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