APPLICATION FORM FOR TEACHING POSTS

Applicant's Name	
Position applied for	

Roll Number	20172R
Chairperson	Barbara Gaynor
School	St. Joseph's N.S
Address	Kingscourt
County	Cavan

Please Note:

- 1. The application form must be sent to the Chairperson's address provided in the advertisement
- 2 Please submit three copies of this application form
- 3 The completed form must arrive to the Chairperson's address on or before the date and time as specified in the advertisement
- 4 This form may be completed electronically or in handwriting using black ink. It must be signed and submitted to the Chairperson in **hard copy** only.
- 5 Canvassing will disqualify.

6 **DO NOT**

- a. Enclose a separate letter of application
- b. Send a Curriculum Vitae with this form. You may be asked to provide a CV at a later stage of the recruitment process
- c. Enclose any certificates with this form. The successful candidate may be required to present original documents in relation to Teaching/other Qualifications prior to appointment

For official	Received By:	Date:	Time:
use only			

PERSONAL DETAI	LS		
Name			
Home Address		Mobile Telephone No.	
		Home Telephone No.	
		PPS No.	
		Teaching Council Registration Number	
E-mail Address	Please print clearly	·	

School Name	Address	Position held	Dates
			From
			То
			From
			То
			From
			То

School Name	Address	Class taught	Dates	Grade
			From	
			То	
			From	
			То	
			From	
			То	

POST(S) OF RESPONSIBILITY - MOST RECENT FIRST					
School Name	Address	Position Held	Dates		
			From		
			То		
			From		
			То		
			From		
			То		

Qualification		Awarding University, College or Institute		Length of course	Year o
	<u> </u>			•	
JALIFICATION TO TEACH RE	LIGION - IF	APPLICABLE:			
ollege(s)	Qualific	ation and ye	ar Mo	dules studied	
				_	
THER RELEVANT, NON-ACCR	EDITED COU	RSES - MOST	RECENT FIRS	т:	
THER RELEVANT EMPLOYMEN	IT EVDEDIEN	ICE - MOCT DE	CENT FIRST		
Employer/Project		ition	CENI FIRSI	Duties	Date
Liliployer/Project	F 0 5	ition		Duties	From
					To
					From
					То
					From

AREAS OF SPECIAL INTEREST - CURRICULAR / OTHER				
Area	Expertise/Experience			
PLEASE INDICATE HOW	YOU CAN CONTRIBUTE TO THE ETHOS OF THIS SCHOOL			
	NOT MORE THAN 150 WORDS			
Additional information (NO	T ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION.			
•	NOT MORE THAN 150 WORDS			

Please Note:

- 1. Please include at least one referee who knows you in a professional capacity
- 2. Please include at least one referee who knows you in a personal capacity
- 3. Close relatives and friends should not be listed as referees
- **4.** As it is probable that referees will have to be contacted outside of school times, it is crucial that phone numbers at which referees can be contacted (three if possible) are given.

Names & Contact Details of Referees				
Referee 1 (professional)	Referee 2 (personal)			
Name	Name			
Role	Role			
Address	Address			
Work Tel Number:	Work Tel Number:			
Home Tel Number:	Home Tel Number:			
Mobile Tel Number:	Mobile Tel Number:			
Referee 3	Referee 4			
Name	Name			
Role	Role			
Address	Address			
Work Tel Number:	Work Tel Number:			
Home Tel Number:	Home Tel Number:			
Mobile Tel Number:	Mobile Tel Number:			

Signature _			
Date		_	