#### APPLICATION FORM FOR TEACHING POST

### **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 by post, the Application Form must be sent to the Chairperson's address 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.**

#### 5 **DO NOT**

- enclose/attach a separate letter of application or
- enclose/attach a Curriculum Vitae or
- enclose/attach any certificates.

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			
Office use offiny			

APPLICANT'S PERSONAL DETAILS				
g Council				
ess	Mobile Ph	one No		
	E-mail Ac	dress (Please print		
	handwritten format)			
QUALIFIC	ATION TO T	EACH AT PRIMARY I	LEVEL	
n(s)	Awarding University, College or Institute		Final results received: Day/Month/Year	
TEA	ACHING COU	NCIL REGISTRATION	· · · · · · · · · · · · · · · · · · ·	
Registration Number				
<b>n</b> (please tick as a	ppropriate):			
(Formerly Regulati	on 4)			
(Formerly Regulati	on 5)			
(Formerly Regulati	ion 3)			
III 🗖	Condition	nal 🗖		
condition that has r	not been fulfille	ed and indicate the exp	iry date by which each condition must be	
tion [	<b>J</b>	Expiry Date:		
Condition 2: Induction Workshop Programme		Expiry Date:		
Requirement	3	Expiry Date:		
ortfall	3	Please specify:		
		Expiry Date:		
	QUALIFICATION (S)  TEA  In (please tick as a) (Formerly Regulation (Form	TEACHING COU  In (please tick as appropriate): (Formerly Regulation 2) (Formerly Regulation 5) (Formerly Regulation 3)  If Condition that has not been fulfilled attion  In prop Programme  Requirement    Mobile Programme   Condition   Condition	Mobile Phone No  Landline No.  E-mail Address (Please print clearly if completing in handwritten format)  QUALIFICATION TO TEACH AT PRIMARY In the foliation of the properties	

# **DETAILS OF ACADEMIC QUALIFICATIONS – MOST RECENT FIRST**

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:
			To:
			From:
			To:

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

POST(S) OF RESPONSIBILITY HELD (IF ANY) – MOST RECENT FIRST				
School Name	Address	Position(s) held	Dates	
			From:	
			То:	
			From:	
			То:	

*IF NEWLY QUALIFIED PLEASE INSERT TEACHING PRACTICE GRADES - MOST RECENT FIRST					
School Name	Address	Class taught	Dates	Grade	
			From:		
			То:		
			From:		
			То:		
			From:		
			То:		
			From:		
			То:		

ADDITIONAL QUALIFICATIONS E.G. ICT, CERTIFICATE TO TEACH RELIGION (IF APPLICABLE)				
College(s)	Qualification and Year	Modules Studied		

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:	

I LEASE INDICATE HOW TOO THINK TOUR EXPERIENCE/SKILL(S) CAN ASSIST IN THIS PARTICULAR POST
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.

Signature	Date