

Christian Brothers Secondary School Mitchelstown

Meánscoil na mBráithre, Baile Mhistéala, Co. Chorcaí

Tel: 025 24104 | Fax: 025 85153 | Email: info@cbsmitchelstown.ie | Web: www.cbsmitchelstown.ie

Application Form for Fixed-term contract (22 hours) Subjects: Irish

This is a fixed-term teaching post, subject to sanction by the DES (based on projected enrolment) and will be funded by monies from the Oireachtas.

INFORMATION TO APPLICANTS

- Please ensure that the application form is completed fully and accurately. Please do not forward a CV or cover note as the Selection Board will shortlist (if required) based on the information gathered from this form only.
- Application form must be **typed**, handwritten forms will not be accepted.
- Documents to be included with this completed and signed application:
 - Copy of certificates, diplomas, degrees
 - o Teaching Council Registration form
- Completed application and relevant documentation must be forwarded by email only to recruitment@cbsmitchelstown.ie Mark subject line "Irish".
- Closing date for receipt of completed application forms is Tuesday August 4th at 12 noon.
- Late applications cannot be considered.
- Canvassing will automatically disqualify.
- It is intended to hold interviews in early August.

PERSONAL DETAIL	S	
Name		
Address		
Telephone		
Email		
TEACHING COUNC	IL REGISTRATION DETAILS	
Are you registered wit	th the Teaching Council?	
What is your Teaching	Registration Council number?	
Please list your subjec	ts registered with the Teaching	Council
List: (Include whether	JC/LC and level)	
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EDUCATION RECORD

THIRD LEVEL QUALIFICATIO	NS				
1. Primary Degree					
University/Institute/College:					
Degree Title					
Award/Grade (Hons/Pass):	Year of Entry:		Year Qualified:		
First Year Subjects		Final \	/ear Subjects		
2. Teacher Education Qualifica	tions				
Awarding Body:					
Year of Entry: Year of Award/Grade:					
Grade Achieved in Teaching Practice:					
Are you a current member of a p	edagogical subje	ct assoc	ciation?		
Yes No Na	me of association	ı:			
3. Postgraduate qualifications	(Excluding Teach	er Qual	ification listed above)		
University/Institute/College:					
Title					
Award/Grade (Hons/Pass): Year of Entry: Year Qualified:					
University/Institute/College:					

Title				
Award/Grade (Hons/Pass):	Year of Enti	ry:	Year Qualified	:
4. Additional Professional q	ualifications (Ce	rtificates/D	iplomas)	
University/Institute/College:				
Title				
Award/Grade (Hons/Pass):	Year of Enti	ry:	Year Qualified	:
T. In comice comment the similar	•			
5. In-service courses/trainir	ig			
(List any in-service courses/tr	aining you have i	received)		
In-service Training Course		Length of	Course	Year
		I		

EMPLOYMENT RECORD

1. Teaching experience to date

Name & Address of School	Date		Contract type: PWT/TWT/ RPT/ Part Time	Hours per week timetabled	Subjects Taught		
	From To						

2. Non-teaching experience (if applicable)

Dates	Name & Address of	Position Held	Summary of Main Duties
(From/To)	Employer		

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Outline your approach to teaching.
EXTRA-CURRICULAR ACTIVITIES
Please outline any extra-curricular activities in which you have been and/or would be prepared to be involved.
PERSONAL DECLARATION:

6.1 Have you been investigated by the Gardaí, HSE, or your employer in relation to substantiated complaints made concerning your treatment of children?
YES NO
6.2 Were you the subject of any allegation of criminal conduct or wrongdoing towards a minor?
YES NO
6.3 Are you aware of any material circumstance in respect of your own conduct which touched/touches on the welfare of a minor?
YES NO

If this section is not completed, your application will not be considered for processing.

Please an X in the relevant box in each case.

The school undertakes that all responses furnished by you in respect of the above questions will be treated as confidential, subject to any reporting obligations which may be imposed on the school, pursuant to "Children First" published by the Department of Children and Youth Affairs, the Child Protection Procedures for Primary and Post Primary Schools published by the Department of Education and Skills or pursuant to any legal obligation imposed on the school to facilitate the effective investigation of crime.

In the event of your being recommended for appointment to this position the Board of Management is obliged to comply with the terms of current DES Circulars including Circular 0031/2016 which requires that you provide the school authority with access to vetting disclosure from the National Vetting Bureau of An Garda Síochána in respect of you.

This applies in respect of all recommendations for appointment to teaching, principal, deputy principal and support staff positions where the person recommended for appointment is not currently an employee of the school and applies irrespective of whether the person has been previously vetted or not.

Please note that appointment to the position is subject to the outcome of the vetting process and the Board of Management's determination of suitability for employment in the position having regard to the vetting information received. No appointment will be confirmed until the aforementioned steps have been completed.

Further note that it is essential that you make appropriate and full disclosure in response to the questions at 6.1, 6.2 and 6.3 above. In the event of an offer of employment being made to you by

the Board of Management, this personal declaration will constitute a fundamental term of the contract of employment. In the event of your being recommended for this post you will also be required to complete a Statutory Declaration and Form of Undertaking, which will be retained by the school. If, at any time, it is subsequently established that you have made an incomplete and/or inaccurate disclosures, you may face disciplinary action, up to and including dismissal.

REFERENCES

•	occupation of two people (other than relatives or from whom a professional reference can be sought.
Name:	Full Address:
Position/Job Title:	
Tel No/Mobile No:	E Mail:
Name:	Full Address:
Position/Job Title:	
Tel No/Mobile No:	E Mail:
I certify to the Board of Management that the	information provided in this application is true and

Date.....

Signature of Applicant.....