

# **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	1
Date Received:	l
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## APPLICATION FOR TEACHING POSITION

# 1. PERSONAL DETAILS

First Name:		Surname:					
Home Address:		Correspondence Address: (if different)					
Home Phone Number:		<b>Mobile Phone</b>	Number:				
Email Address:							
Are there any restrictions regarding your employment?				Yes		No	
(if you answer Yes, plea	t)						
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 which include registration with the Teaching Council.							

### 2. PRESENT POSITION

Please give details of your				
Employer:	Address:		Job Title:	
How much notice do you n current employer?	eed to give your			
3. QUALIFICATIO	NS			
3.1 Second Level Education				
Leaving Certificate/Equivale				
School attended:				
Subject			Grade	Hons/Ord
3.2 Primary Degrees/Diplo	<u>mas</u> :			
University/Institute/College:	:			
Qualification (Hons/Pass):		Awarding Body:	:	
Year of Entry:		Year Qualified:		
Subjects studied:		<b>I</b>		
First Year Subjects		Final Yea	r Subjects	

3.3 PME / HDIP / Equivalent):					
University/Institute/College:					
Qualification:		Awarding Body:			
Year of Entry:		Year Qualified:			
Subjects studied:		1			
		1			
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 a backwards.	nclude dates of th	e relevant training and duration	of these cours	es.
Name of Course	Name of Organisation running cou	n/Institution rse	Length of Course	Year	

# 4. EMPLOYMENT HISTORY

**4.1 Teaching Experience**Please 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 (Tax)	Name & Address of	Position held	Summary of Main Duties
(From/To)	Employer		

# **5. SUPPORTING STATEMENT**

nis section is for tivities you hav	r you to provide a summary of your teaching experience, your approach to teaching and any extra-curricular re 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:	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 to the common of the commo		of Management is oblige	ed to comply with				
If you are recommended for this po Board of Management when the of an offer of employment if a satisfa-	ffer of employment is being made	e. The Board of Managen					
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 <u>email</u> on or before <u>19<sup>th</sup> August 2020 at 4pm to:</u>

### 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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