


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

		<b>Monaghan Collegiate School Application Form</b>		<i>Please insert Photograph</i>	
		<b>Biology and Science Maternity Leave December 2020</b>			
<b>PERSONAL DETAILS</b>					
Name		Home Phone Number			
Address		Mobile Phone Number			
		PPSN			
		Teacher Council Number			
Email address	<i>Please print clearly</i>				
Position	Biology & Science				
Hours	22 hours, Maternity Leave, paid by Department of Education & Skills.				
Closing date	2 <sup>nd</sup> November 2020				
Roll Number	64830E	Chairperson	Rev Stephen McNie		
School	Monaghan Collegiate School				
Address	Corlatt, Monaghan				
County	Monaghan				
Eircode	H18 X027				
For official use	Received by		Date		Time

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**EDUCATION QUALIFICATIONS**

Degree	Subjects	Grade	Date of award

**TEACHING QUALIFICATIONS**

Qualifications	Subjects	Grade	Date of award

**OTHER RELEVANT EMPLOYMENT EXPERIENCES**


**TEACHING EXPERIENCE - Most recent first. If newly qualified, detail teaching practise.**

Probated	Yes <input type="checkbox"/> No <input type="checkbox"/>		
School Name 1		Subjects taught	
Address		From To	
School Name 2		Subjects taught	
Address		From To	
School Name 3		Subjects taught	
Address		From To	

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**POSTS OF RESPONSIBILITY**

School	Address	Position	Dates

**PLEASE INDICATE HOW YOU COULD CONTRIBUTE TO THE ETHOS OF THE SCHOOL**

**ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION (IF DESIRED)**

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**Please Note:**

1. The application form must be sent to the School address provided in the advertisement.
2. The completed form must arrive to the School address on or before the date specified.
3. This form may be completed electronically or in handwriting using black ink.
4. **It must be signed and submitted 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.

Enclose any certificates with this form.
7. The successful candidate may be required to present original documents in relation to Teaching/other Qualifications prior to appointment.

**REFEREES**

**Referee 1 (Professional)**

**Referee 2 (Personal)**

Name

Name

Role

Role

Address

Address

Home phone number

Home phone number

Mobile Phone Number

Mobile Phone Number

**DECLARATION**

I declare that the information given in this application form is true and correct.

Signed

Date

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