



Hospital School Substitute Panel Application Form



1. Personal Details

First Name:	Surname:
Home Address	Correspondence Address: (if different)
Home Phone Number:	Mobile Phone Number:
Email Address:	
<p>Are there any restrictions regarding your employment? (if you answer Yes, please provide details on separate sheet)</p> <p>Teaching Council Registration Number:</p> <p>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.</p>	

2. Qualifications

QUALIFICATIONS TO TEACH		
Qualification(s)	Awarding University, College or Institute	Final results received: Day/Month/Year

DETAILS OF ADDITIONAL QUALIFICATIONS – MOST RECENT FIRST			
INCLUDE UNDER- GRADUATE & POST-GRADUATE QUALIFICATIONS. THE SUCCESSFUL CANDIDATE WILL BE ASKED TO PRESENT ORIGINAL DOCUMENTS			
Qualification	Awarding University, College or Institute	Length of Course	Final results received: Day/Month/Year

4. Experience

TEACHING EXPERIENCE - MOST RECENT FIRST (IF NECESSARY EXPAND THE SECTION OR USE ADDITIONAL PAGES).		
School Name & Address	Position(s) held	Dates
		From: To:
		From: To:
		From: To:
		From: To:
		From: To:

5. Personal Statement

This section is for you to provide a summary of your approach to teaching. As a hospital teacher you will be expected to teach in a unique educational setting. How might you address this challenge?

7. Disclosure

In the event of you being recommended for this position, the Board of Management is obliged to comply with the terms of current DES circular letters.

If you are recommended for this panel, a vetting disclosure must be made available to the Secretary to the Board of Management. The Board of Management may withdraw an offer of employment if a satisfactory vetting disclosure is not made available.

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.

Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the panel.

I declare that the information supplied in this application form is accurate and true.

Signed: _____

Date: _____