



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 <u>by post</u>, 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.

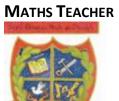
The successful candidate will be required to present original documents in relation to teaching/other qualifications prior to appointment.

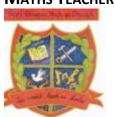






	Office use only						
		APF	PLICANT'S PERSONAL D	ETAILS			
	me (as per Teaching gister)	Council					
Co	rrespondence Addre	ess	Mobile Phone No				
Line	1:		Landline No.				
Line 2:		E-mail Address (Please print clearly if completing in					
Line 3:							
Eirc	ode		handwritten format)				
		QUALIFIC	CATION TO TEACH AT PRI	MARY LEVE	L		
	Qualification	(s)	Awarding Universi College or Institu	-		esults received: //Month/Year	
		TEA	CHING COUNCIL REGIST	RATION			









Registration Number							
Registered under Regulat	ion (please tick as	s appropriate):					
Route 1 Primary	(Formerly Regu	lation 2)					
Route 2 Post Primary	(Formerly Regu	lation 4)					
Route 3 Further Education	(Formerly Regu	lation 5)					
Route 4 Other	(Formerly Regu	lation 3)					
Registration Status:	Full 🗖	Condition	onal \square				
If conditional, please tick the met:	e condition that ha	is not been fulfille	ed and inc	licate the expiry date by v	which each condition must be		
Condition 1: Droichead/Prol	bation		Expiry [Oate:			
Condition 2: Induction Work	shop Programme		Expiry [0ate:			
Condition 3: Irish Language	Requirement		Expiry D	Pate:			
Condition 4: Qualification Si	hortfall		Please s	pecify:			
			Expiry D)ate:			
DETAILS OF ACADEMIC	QUALIFICATION	S – MOST RECE	ENT FIRS	т			
INCLUDE UNDER-GRADUATI EDUCATION, IF APPLICABLE							
Qualification & Gra		arding Univer		Length of Course	Final results received: Day/Month/Year		



School Name







TEACHING EXPERIENCE — N *IF NEWLY QUALIFIED, PLEASE	OST RECENT F	IRST (IF NECESSARY EXPAND THE S	ECTION OR USE ADDITIONAL PAGES IF	COMPLE	TING IN HANDWRITTEN FORMAT).
School Name & Address		Date(s) of service in the school	Position(s) held	Date	s in each Position
				From	:
				То:	
				From):
				To:	
				From	<u> </u>
				То:	
				From To:	:
				Fron	า:
				To:	
Post(s) of Responsibility	Y HELD (IF	ANY) – Most recent fi	RST		
School Name	Ac	ldress	Position(s) held		Dates
					From:
					То:
					From:
					То:

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

Class taught

Dates

From:

Grade

Address





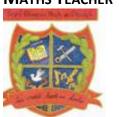




					10.	
					From:	
					То:	
					From:	
					То:	
					From:	
					То:	
ADDITIONAL QUALIFICATIONS E	.g. ICT	, CERTIFICATE TO TEACH	RELIGIO	N (IF API	PLICABLE)	
College(s)		Qualification and Year		Module	es Studied	
OTHER RELEVANT, NON-ACCRE	EDITED (COURSES - MOST RECEN	T FIRST			
AREAS OF SPECIAL INTEREST	- CURRI	CULAR/OTHER				
Area	Exper	tise/Experience/Speciali	sm unde	rtaken ir	n College	

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MATHS **T**EACHER







OTHER RELEVANT EMPLOYMENT EXPERIENCE – MOST RECENT FIRST							
Employer/Project	Position	Duties	Dates	Grade			
			From:				
			То:				
			From:				
			То:				
			From:				
			То:				
			From:				
			To:				

PLEASE INDICATE HOW YOU THINK YOUR EXPERIENCE/SKILL(S) CAN ASSIST IN THIS PARTICULAR POST
NOT MORE THAN 150 WORDS
PLEASE INDICATE HOW YOU THINK YOU CAN CONTRIBUTE TO THE ETHOS AND SUCCESS OF THIS SCHOOL
NOT MORE THAN 150 WORDS
All information provided in this form is confidential to the Selection Board







ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUITORT TOUR ATTECATION				
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.

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

OBERSTOWN CAMPUS SCHOOL







Signature	Date	