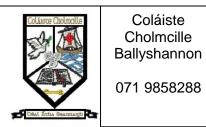
<u>Application Form</u> Please note:

This form must be signed.

All questions must be answered.

Do not change the question numbers or sequence. No written reference should accompany this form.



Office use only
Date Received:

TEACHING POSITION - insert subjects as per advertisement:	
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1. PERSONAL DETAILS

First Name:		Surname:		
Home Address:		Correspondence Address: (if different)		
Home Phone Num	ber:	Mobile Phone Number:		
Email Address:				
•	ctions regarding your employ please provide details on se		Yes No	
Do you require a W	ork Permit?		Yes No	
Are you registered	with the Teaching Council?		Yes No	
If YES, Teaching C	ouncil Registration Number:			
If NO, are you eligib	ole for registration and willing	to register?		
	e successful candidate will be with the Teaching Council pr		ave to fulfill DES conditions which	

2. PRESENT POSITION

Please give details of your c	urrent position:			
Employer:	Address:		Job Title:	
How much notice do you ne	ed to give			
your current employer?	3 di 10 gi 10			
3. QUALIFICATIONS				
3.1 Second Level Education				
Leaving Certificate/Equivalent	- Year of Completion	1		
School attended:				
Subject			Grade	Hons/Ord
3.2 Primary Degrees/Diploma	ac.			
	<u>as</u> .			
University/Institute/College:				
Qualification (Hons/Pass):		Awarding Bo	dy:	
Year of Entry:		Year Qualifie	ed:	
Subjects studied:				
First Year Subjects		Final Ye	ear Subjects	

3.3 PGDE / HDIP / Equivale	ent):			
University/Institute/College:				
Qualification:		Awarding Body:		
Year of Entry:		Year Qualifie	d:	
Subjects studied:				
3.4 Post Graduate Qualific	<u>ation</u>			
University/Institute/College:				
Qualification:		Awarding Body		
				1
3.5 In-Service Courses/Tra List any in-service courses/tra these courses. Start with the m	ning you have received. P	lease include da ards.	ates of the relevant training a	and duration of
Name of Course	Name of Organisation		Length of Course	Year

4. EMPLOYMENT HISTORY

4.1 Teaching ExperiencePlease 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 (From/To)	Name & Address of Employer	Position held	Summary of Main Duties

5. SUPPORTING STATEMENT

This section is for you to provide a summary of your teaching experience, your approach to teaching and any extra-curricular activities you have 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:			
Other referee:			
Name & Title:	Position Held:	Telephone/Mobile:	Email:
Full address:			
8. DECLARATION AND SI	GNATURE		
In the event of you being recomme the terms of current DES circular le		d of Management is ob	liged to comply with
If you are recommended for this po the Board of Management when th withdraw an offer of employment if	e offer of employment is being r	made. The Board of Ma	anagement may
The Board of Management cannot disclosure.	enter into a Contract of Employ	ment without first rece	iving a vetting
By signing below, you consent to a Bureau, being made available to th			
You are also required to sign the daccurate.	eclaration below certifying that a	all information you have	e provided is
The Selection Committee may wisl Providing incorrect information or of from the selection process or, whe	deliberately concealing any relev	ant facts may result in	•
I declare that the information suppl	lied in this application form is ac	curate and true.	
Signed		Date	

Completed Applications should be returned by post or email on or before 4pm August 12th 2022 to info@ccbs.ie or

The Secretary, Board of Management, Coláiste Cholmcille, Ballyshannon, Co. Donegal

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.