

Celbridge Community School

- 1. Ensure that you complete ALL sections of this form in full.
- 2. Once completed, save the form in Word format using your main teaching subject and name as the new file name eg Irish John Murphy
- 3. Email the form as an attachment to recruitment@celbridgecs.ie In the Subject Box of your email please type the subject you are applying for. Postal applications will not be considered.
- 4. You should receive a brief acknowledgement by email within 48 hours. If you do not, please contact the school immediately at recruitment@celbridgecs.ie. Also, check your junk mail or spam folder. Due to the volume of applications, only shortlisted candidates will receive further contact.
- 5. The information that you provide on this form will be handled and stored in accordance with current Data Protection legislation. Except for the successful candidate, all records from the recruitment process will be held electronically for six months, after which time they will be permanently deleted.
- 6. Your application will be assessed on the information you submit on the official application form. Please ensure all sections are completed fully and accurately, giving clear evidence of qualifications, skills and experience.
- 7. No late applications will be accepted.

leaching	Post/s Ap	plied for:			
4.	APPLICAN	IT DETAILS			
TEACHE	R REGIST	RATION NUMBER:			
DATE O	F REGISTE	RATION:			
SUBJEC	TS REGIST	TERED TO TEACH:			
Have voi	u heen vett	ed via the Garda Central	Vetting Unit-Ves No		
ir yes, st	tate when:	Year			
Title	Surnam	•	First Name		
Title	Surnam	<u>e</u>	riist Name		
Contact	Details:				
Home Ac			Correspondence Address		
			(if different)		
Home Te	el.:	Mobile:			
Email Ad	ldress:				
Are there	e any restri	ctions regarding your em	ployment?		
(if you a	nswer yes,	please provided details of	n a page titled "Other Information")		
Present I	Position/Jol	Title:			
Employe	r/Address:				

B. EDUCATIONAL DETAILS

Second Level Education

Leaving Cert/equival	lent S	chool Atte	nded:			
Year:			~			
Subject	G	rade			Hons/Ord	
<u>Primary Degree</u>	2					
University/Institute/	College:					
Degree Title						
Award/Grade	,	Year of En	try:		Year Qualified	
1 st Year Subjects:			Final Ye	ear Su	ıbjects	
H.D.E. / PGCE /	' Equiva	alent				
Awarding Body:						
Year of Entry:			Year of	Awar	rd/Grade	

Postgraduate Qualifications

University/Institute	:/College:							
Degree Title								
Award/Grade		Year of Ent	ry:		Year Qualifi	ed		
1 st Year Subjects	.		Final	Year S	ubjects			
Other qualifica	ations:							
University/Institute	:/College:							
Degree Title								
Award/Grade		Year of Ent	ry:		Year Qualifi	ed		
1 st Year Subjects:			Final Year Subjects					
In-service Courses/Training (List any in-service courses/training you have received).								
In-service	<u>Training</u>	Course		ength o	of Course	Year		

C. EMPLOYMENT RECORD

Teaching Experience

Please begin with your present, or more recent employment:

NAME & ADDRESS OF SCHOOL	Da	te	CONTRACT	If Pro-rata	Subjects	Level
	From	То	TYPE	part-time- Timetabled hrs per week	Taught	

Note: T/P = Teaching practice P/T - Part-time PRPT = Pro-rata Part-time

TWT = Temporary Wholetime CID = Contract of Indefinite Duration PWT = Permanent Whole-time

SUBJECTS AND LEVELS TAUGHT

Subject Details (Please specify subjects taught during last 3 years only – tick as appropriate and indicate length of time)	LC H	<i>LC</i> <i>O</i>	JC	TY	LCA	JSCP	SEN	Team Teaching
Subject 1:								
Indicate number of years/ months→								
Subject 2:								
Indicate number of years/ months→								
Subject 3:								
Indicate number of years/ months→								

Non Teaching Experience

Name & Address of Employer	Position Held	Summary of Main Duties
	Name & Address of Employer	Name & Address of Employer Position Held

D. SUPPORTING STATEMENT

This section is for you to provide: Maximum 250 words per section

 A summary of your teaching experie teaching. 	nce and your approach to learning &
2. Outline your understanding of how m & teaching tool in Celbridge Community	obile devices may be utilised as a learning School
3. Outline details and associated examp created, which utilises an innovative IC learning & teaching.	les of a classroom resource that you have F platform to support your vision for good

	of extra-curricular ike to introduce in		th previously
C	derstanding of the ity School? How d ard?		

E. REFERENCES

Please provide names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work from whom a professional reference can be sought. One should be your current or most recent employer.

Please note: your referees may be contacted without further communication with you and <u>prior</u> to selection interview if shortlisted for interview.

Name: Position/Job title:	Full Address:
Tel/Mobile:	Email
Name:	Full Address:
Position/Job title:	
Tel/Mobile:	Email:

F DECLARATION

Declarations

If this section is not completed, your application will not be considered.

F.1	that I will receive an email confirmation within 48 hours of submitting this application forms is my responsibility to keep this proof of application or to contact the School if it isn't received. (Yes/No)	
Child	Protection	
F.2	Have you ever been investigated by the Gardai, HSE or an employer in relation to substantiated complaints made concerning your treatment of children? (Yes/No)	
F.3	Have you ever been the subject of any allegation of criminal conduct or wrongdoing towards a minor? (Yes/No)	
F.4	Are you aware of any material circumstance in respect of your own conduct which touched/touches on the welfare of a minor? (Yes/No)	
the ter teache	event of your being recommended for appointment to this position the Board of Management is obliged tims of current Child Protection legislation and procedures. The Board of Management's policy is that all tirs and support staff will be vetted and that the outcome of the vetting will be considered in the light of g policy. This applies irrespective of whether the individual has been previously vetted or not.	newly appointed
Authe	enticity of this application	
F.5	I certify that the information provided herewith is true and correct.	
	(Yes/No)	
applion finds	I understand that should any of the information provided in this application be foreccurate in any material way, the Board of Management reserves the right to disqual cation or withdraw any offer of employment made. I also note that if the Board of M in the future, that I have made an incomplete or inaccurate disclosure, I may face olinary action, up to and including dismissal. (Yes/No)	ify this
Sig	gned:	
Da	te:	

Completed applications forms should be emailed to: recruitment@celbridgecs.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.

All posts are subject to meeting the needs of the school, approval by the Department of Education and Skills and the Directors of Redeployment agreeing to the posts being filled following completion of the 2022 scheme.