

Mayfield

COMMUNITY SCHOOL

SERVING THE COMMUNITY SINCE 1973

SCOIL PHOBAIL GHORT ÁLAIRN



APPLICATION FORM FOR A TEACHING POSITION

Teaching Post(s) applied for:

Teaching Post(s) Title(s)

Have you previously applied for a position at Mayfield Community School?

Yes No If Yes, state year of application: _____

Were you shortlisted and interviewed? Yes No

A. APPLICANT DETAILS

TEACHER REGISTRATION NUMBER:	
DATE OF REGISTRATION:	
SUBJECTS REGISTERED FOR TEACHING COUNCIL:	

Have you been vetted via the Garda Central Vetting Unit: Yes No

If yes, state when: Year _____

Title	Surname	First Name

Contact Details		
Home Address	Correspondence Address (if different)	
Home Tel:	Work Tel:	Mobile:
Email Address:		
Are there any restrictions regarding your employment?		

(If you answer yes, please provide details on a page titled "Other Information")
Do you require a work permit?
Present Position/Job Title:
Employer/Address:
How much notice do you need to give your current employer?

B. EDUCATIONAL DETAILS

QUALIFICATIONS

Second Level Education

Leaving Cert/equivalent Year: _____		School Attended:	
Subject	Grade	Hons/Ord	

Primary Degree

University/Institute/College:			
Degree Title			
Award/Grade (Hons/Pass)		Year of Entry:	Year Qualified:
1 st Year Subjects		Final Year Subjects	

H.D.E./P.G.C.E./P.M.E./ Equivalent

Awarding Body:	
Year of Award/Grade:	

Postgraduate Qualifications

University/Institute/College:		
Degree Title		
Award/Grade (Hons/Pass)	Year of Entry:	Year Qualified:
1 st Year Subjects	Final Year Subjects	

Other Qualifications

University/Institute/College:		
Degree Title		
Award/Grade (Hons/Pass)	Year of Entry:	Year Qualified:
1 st Year Subjects	Final Year Subjects	

In-service Courses/Training (List any in-service courses/training you have received)

In-Service Training Course	Length of Course	Year

C. EMPLOYMENT RECORD

TEACHING EXPERIENCE (please begin with your present, or most recent employment)

Name & Address Of School	Date From	Date To	Contract Type PWT/TWT/ PRPT	If Pro-rata part-time, timetabled hrs per wk	Subjects Taught	Level

NON-TEACHING EXPERIENCE

Dates (From/To)	Name & Address of Employer	Position Held	Summary of Main Duties

D. SUPPORTING STATEMENT

This section is for you to provide a summary of your teaching experience (teaching profile) – your approach to teaching and any extra-curricular activities you have organised and are willing to promote.

Additional Information:

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 prior to selection interview if shortlisted.

1. Name: Position/Job Title:	Full Address:
Tel/Mobile:	Email:
2. Name: Position/Job Title:	Full Address:
Tel/Mobile:	Email:

F. DECLARATION AND SIGNATURE

- Please sign the form below, certifying that all information you have provided is accurate
- The Committee may wish to check any of the details you have provided

Providing incorrect information or deliberately concealing any relevant facts may result in qualification from the selection process or, where discovery is made after an appointment, in summary dismissal.

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

Signed: _____ Date: _____

Completed application forms should be sent by email only to admin@mayfieldcs.ie FAO the Principal by 3.00 pm Friday, 12th April 2024

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.