

## **HCCS Application form 2024**

## Please note:

This form must be signed.
All questions must be answered.
Do not change the question numbers or sequence.
No letter of application, CV or written reference should accompany this form.

Office use only
Date Received:

## APPLICATION FOR TEACHING POSITION: RPT/Fixed Term/Permanent SUBJECTS:

## 1. PERSONAL DETAILS

First Name:		Surname:		
Home Address:		Correspondence Addres	ss: (if differer	nt)
Home Phone Num	nber:	Mobile Phone Number:		
Email Address:				
•	ictions regarding your emplo		Yes	No
Do you require a W	/ork Permit?		Yes	No
Are you registered with the Teaching Council?			Yes	No
If YES, Teaching C	Council Registration Number:			-
If NO, are you eligi	ble for registration and willing	g to register?		
	e successful candidate will be with the Teaching Council.	e paid by DES and will hav	e to fulfill DES	conditions which

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First Year Subjects



## 2. PRESENT POSITION

Please give details of y	our current position:			
Employer:	Address:		Job Title:	
How much notice do your current employer				
3. QUALIFICATIONS	6			
3.1 Second Level Educ	ation			
Leaving Certificate/Equiv	valent			
Year				
School attended:				
3.2 Primary Degrees/D	iplomas:			
University/Institute/Colle	ge:			
Qualification (Hons/Pass	ualification (Hons/Pass):  Awarding Body:			
'ear of Entry: Year Qualified:				
Subjects studied:				

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Final Year Subjects



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3.3 PME or Teaching Qualification	
University/Institute/College:	
Qualification:	Awarding Body:
Year of Entry:	Year Qualified:
Subjects studied:	
3.4 Post graduate Qualifications	

3.4 Post graduate Qualifications		
University/Institute/College:		
Qualification:	Awarding Body	

# 3.5 In-Service Courses/Training List any in-service courses/training you have received. Please include dates of the relevant training and duration of these courses. Start with the most recent and work backwards.

Name of Course	Name of Organisation/Institution running course	Length of Course	Year



## 4. EMPLOYMENT HISTORY

**4.1 Teaching Experience**Please 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.

Name & Address of Employer	Position held	Summary of Main Duties





## **5. SUPPORTING STATEMENT**

This section is for you to provide your approach to teaching and learning, your approach to inclusion and differentiation. Outline why you want to work with our team in HCCS and how you will continue to live our mission and ethos.

- Outline you approach to Teaching and Learning
- Detail your approach to Inclusion and differentiation
- How will you promote student voice in HCCS?
- Co-Curricular Activities (Previously Organised and/or 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:

## 8. DECLARATION AND SIGNATURE

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 position, a vetting disclosure must be made available to the Secretary to the Board of Management when the offer of employment is being made. The Board of Management may withdraw an offer of employment if a satisfactory vetting disclosure is not made available.

The Board of Management cannot enter into a Contract of Employment without first receiving a vetting disclosure.

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.

The Selection Committee may wish to check any of the details you have provided.

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

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



Signed:	Date:	

Completed Applications should be returned <u>by email to recruitment@holychildcs.ie</u> on or before 12.00pm on <u>the date stated in the advert on education posts</u>

<u>The Secretary, Board of Management Holy Child Community School, Pearse Road, Sallynoggin Co. Dublin.</u>

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.