Castlerea Community School

Please note:

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

Office use only	
Date Received:	

APPLICATION FOR TEACHING POSITION – Special Education Teacher / Special class coordinator (22hrs per week)

1. PERSONAL DETAILS

First Name:		Surname:					
Home Address:		Correspond	ence Addre	ss: (i	f diffe	erent)	
Home Phone Number:		Mobile Phon	e Number:				
Email Address:							
Are there any restrictions regar	ding your employ	ment?		Yes		No [
(if you answer Yes, please pro	vide details on sep	parate sheet)					
Do you require a Work Permit?	•			Yes		No [
Are you registered with the Tea	aching Council?			Yes		No [
If YES, Teaching Council Regi	stration Number:						_
If NO, are you eligible for registration and willing to register?							
Please list subjects you	are registered	to teach	according	to	the	Teaching	g Council:
Please note that the successful cand the Teaching Council.							gistration with

2. PRESENT POSITION

Please give details of your current position:									
Employer:		Address:				Job	Title:		
How much notice do you i your current employer?	need to	give			•				
	•	.	1	1		1			
Subject Details Please specify subjects taught during the last 3 years only. Please complete all sections for each subject.	LC H	LC O	JC	TY	LC	CA	JSCP	SEN	Team Teach
Subject 1:									
Duration (yrs & mths):									
Subject 2:									
Duration (yrs & mths):									
Subject 3:									
Duration (yrs & mths):									
3. QUALIFICATIONS									
3.1 Second Level Education	<u>on</u>								
Leaving Certificate/Equivalent									

3.1 Second Level Education		
Leaving Certificate/Equivalent		
Year		
School attended:		
Subject	Grade	Hons/Ord

3.2 Primary Degrees/Diplomas:					
University/Institute/College:					
Name of Qualification (Hons/Pass):		Awarding Body:			
Year of Entry:		Year Qualified:			
Subjects studied:					
First Year Subjects		Final Year Subjects			
3.3 PGDE / HDIP / Equivalent):					
University/Institute/College:					
Name of Qualification:		Awarding Body:			
Year of Entry:		Year Qualified:			
Subjects studied:					
PGDE / HDip Teaching Practice Grade aw	arded:				
3.4 Post graduate Qualifications					
University/Institute/College:					
Name of Qualification:	Awarding	Body	Year		

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

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 Use of	ICT in teaching	and learning			
Please outl	line your experience	e of using ICT in tea	aching and learning to	date: (Please use bullet p	oints)
4.3 Extra	curricular activit	ies within the sc	hool		
Please give	e details of activities	that you have been	n involved in – to includ	de dates: (Please use bul	let points)
4.4 Extra curricular activities outside of school					
Please give	e details of activities	that you have been	n involved in – to includ	de dates: (Please use bul	let points)

Please use bullet points and indicate dates – from / to						

4.6 Non-Teaching Experience (if applicable)Please provide details of your work history beginning with the most recent post.

4.5 Areas of responsibility in school: Coordination, planning etc.

Dates (From/To)	Name & Address of Employer	Position held	Summary of Main Duties
(1 1011// 10)	Employor		

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

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					
	eclaration below certifying that a	II 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 supp	lied in this application form is ac	curate and true.				
Signed		Date				

Completed Application form along with <u>TC registration</u> should be returned <u>by email</u> on or before 4<u>pm</u> Wednesday 8th May 2024 to:

principal@castlereacs.com

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. All appointments are subject to the sanction and approval of the Department of Education and Skills, Garda Vetting and the post not being required for the redeployment process.