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:	l
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APPLICATION FOR TEACHING POSITION – English & Learning Support (12hrs per week)

1. PERSONAL DETAILS

First Name:				Surname:							
Home Address:			Corr	espond	ence Addre	ess: (if diffe	erent)			
Home Phone Number	r:			Mob	ile Phor	ne Number:					
Email Address:											
Are there any restriction	ons regard	ding yo	our employr	nent?	•		Yes		No		
(if you answer Yes, pl	ease prov	ide de	tails on sep	arate	sheet)						
Do you require a Worl	c Permit?						Yes		No		
Are you registered wit	h the Tea	ching	Council?				Yes		No		
If YES, Teaching Cou	ncil Regis	tration	Number:								
If NO, are you eligible	for registi	ation	and willing	to reg	ister?						
Please list subject	s you	are	registered	to	teach	according	to	the	Teach	ing	Council:
Please note that the succe						to fulfill DES c					ration with

2. PRESENT POSITION

Please give details of your current position:									
Employer:		Address	S:			Job	Title:		
How much notice do you	nood to	a givo							
your current employer?	need to	give							
Subject Details	LC	LC	JC	TY	L	CA	JSCP	SEN	Team Teach
Please specify subjects taught during the last 3 years only.	Н	0							rouon
Please complete all sections for each subject.									
Subject 1:		<u> </u>							
	_		<u> </u>	1					
Duration (yrs & mths):									
Subject 2:									
Duration (yrs & mths):									
Subject 3:									
Duration (yrs & mths):									
			•	1				1	ı
3. QUALIFICATIONS									
3.1 Second Level Educati	<u>on</u>								
Leaving Certificate/Equivalent	ent								
Year								1	

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			

As 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	f ICT in teaching	and learning			
Please outl	line your experience	of using ICT in tea	ching and learning to d	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	et points)
4.4 Extra curricular activities outside of school					
Please give details of activities that you have been involved in – to include dates: (Please use bullet 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		

Dates (From/To)	Name & Address of Employer	Position held	Summary of Main Duties
	1 2,72		
5. SUPP	ORTING STATEME	NT	
This section	n is for you to provide a s	ummary of your teaching exp	erience, your approach to teaching and
any extra-c	urricular activities you ha	ve organised and are willing t	o 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		
	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 where discovery is made after a	relevant facts may resu	
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.