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 – Maths, Economics and Learning Support (20.5hrs per week)

1. PERSONAL DETAILS

First Name:		Surname:				
Home Address:		Correspondence	ce Address: (ii	f different	t)	
5						
Home Phone Number	ir:	Mobile Phone N	Number:			
Email Address:						
Are there any restriction	ons regarding your emplo	yment?	Yes	□ N	0	
(if you answer Yes, pl	ease provide details on s	eparate sheet)				
Do you require a Worl	k Permit?		Yes	□ N	o 🗌	
Are you registered wit	h the Teaching Council?		Yes		lo	
If YES, Teaching Cou	ncil Registration Number	:				
If NO, are you eligible	for registration and willin	g to register?				
Please list subject	ts you are registere	ed to teach ac	ccording to	the Tea	aching	Council:
	essful candidate will be paid by g Council. Please include cop					tration with

2. PRESENT POSITION

Please give details of your current position:									
Employer:		Address:				Jok	Title:		
How much notice do you r your current employer?	need to	give							
					_				
Subject Details	LC	LC	JC	TY	LC	CA	JSCP	SEN	Team Teach
Please specify subjects taught during the last 3 years only. Please complete all sections for each subject.	н	0							reacii
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/Equivale	nt								

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):	Name of Qualification (Hons/Pass):			
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	ine 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 bee	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		

Dates (From/To)	Name & Address of Employer	Position held	Summary of Main Duties
E OLIDE	ORTING STATEME	· \ T	
This section any extra-cu	n is for you to provide a su urricular activities you hav	ummary of your teaching exp ve organised and are willing t	erience, your approach to teaching and opromote.
	•		

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 supplied in this application form is accurate 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.