



SPECIAL CLASS TEACHER

AN COSÁN COMMUNITY SPECIAL SCHOOL

**An Cosán** Pobalscoil Speisialta Community Special School

20572K

# APPLICATION FORM FOR TEACHING POST Fixed Term Ref: SCTFT24A

# DELETION OF ANY FIELD WILL INVALIDATE THIS APPLICATION

# Applicants, please note:

- 1. If the advertisement states that electronic applications will be accepted, the Application Form should be emailed to the <u>dedicated email address</u> provided in the advertisement and <u>only to that address</u>: <u>applications@cdetb.ie</u>.
- 2. The completed form must arrive at the dedicated email address/specified postal address on or before the date and time stated in the advertisement. Late applications will neither be accepted nor considered.
- 3. Canvassing will disqualify.
- 4. If completing this form in handwriting, please use black ink.

# 5. <u>DO NOT</u>

- enclose/attach a separate letter of application or
- enclose/attach a Curriculum Vitae or
- enclose/attach any certificates.

The successful candidate will be required to present original documents in relation to teaching/other qualifications prior to appointment.

	Received by:	Date:	Time:
Office use only			





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APPLICANT'S PERSONAL DETAILS				
Name (as per Teachir Register)	ng Council			
Correspondence Add	ress	Mobile P	hone No	
Line 1:		Landline	No.	
Line 2:			ddress (Please print	
Line 3:		clearly if co handwritter		
Eircode		nanawritter	lonnaly	
	QUALIFI	CATION TO <b>T</b>	EACH AT <b>P</b> RIMARY L	EVEL
Qualificatio	on(s)		ing University, ge or Institute	Final results received: Day/Month/Year
	TE	ACHING COL	INCIL REGISTRATION	
Pogistration Number				
Registration Number				
Registered under Regulati	on (please tick as a	appropriate):		
Route 1 Primary	(Formerly Regulation	tion 2)		
Route 2 Post Primary	(Formerly Regula	tion 4)		
Route 3 Further Education	(Formerly Regula	tion 5)		
Route 4 Other	(Formerly Regula	tion 3)		
Registration Status: F	Full 🗖	Conditi	onal 🗖	
If conditional, please tick the condition that has not been fulfilled and indicate the expiry date by which each condition must be met:				
Condition 1: Droichead/Probation			Expiry Date:	
Condition 2: Induction Workshop Programme			Expiry Date:	
Condition 3: Irish Language Requirement			Expiry Date:	
Condition 4: Qualification Sh	nortfall	3	Please specify:	
			Expiry Date:	





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#### **DETAILS OF ACADEMIC QUALIFICATIONS - MOST RECENT FIRST**

INCLUDE UNDER-GRADUATE & POST-GRADUATE QUALIFICATIONS. PLEASE INCLUDE ANY QUALIFICATIONS IN SPECIAL EDUCATION, IF APPLICABLE. THE SUCCESSFUL CANDIDATE WILL BE ASKED TO PRESENT ORIGINAL DOCUMENTS.

Qualification & Grade	Awarding University, College or Institute	Length of Course	Final results received: Day/Month/Year

**TEACHING EXPERIENCE** — MOST RECENT FIRST (IF NECESSARY EXPAND THE SECTION OR USE ADDITIONAL PAGES IF COMPLETING IN HANDWRITTEN FORMAT). \*IF NEWLY QUALIFIED, PLEASE GO TO NEXT PAGE

School Name & Address	Date(s) of service in the school	Position(s) held	Dates in each Position
			From:
			То:
			From:
			То:
			From:
			То:
			From:
			То:
			From:



п



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			To:	
POST(S) OF RESPONSIBILIT	<b>Y HELD (</b> IF ANY) – MOST	RECENT FIRST		
School Name	Address	Position(s) h	eld	Dates
				From:
				То:
				From:
				То:

*IF NEWLY QUALIFIED PLEASE INSERT TEACHING PRACTICE GRADES - MOST RECENT FIRST				
School Name	Address	Class taught	Dates	Grade
			From:	
			То:	
			From:	
			To:	
			From:	
			То:	
			From:	
			То:	

ADDITIONAL QUALIFICATIONS E.G. ICT, CERTIFICATE TO TEACH RELIGION (IF APPLICABLE)			
College(s)	Qualification and Year	Modules Studied	

OTHER RELEVANT, NON-ACCREDITED COURSES - MOST RECENT FIRST	





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AREAS OF SPECIAL INTEREST - CURRICULAR/OTHER		
Area	Expertise/Experience/Specialism undertaken in College	

OTHER RELEVANT EMPLOYMENT EXPERIENCE – MOST RECENT FIRST				
Employer/Project	Position	Duties	Dates	Grade
			From:	
			То:	
			From:	
			To:	
			From:	
			To:	
			From:	
			То:	

PLEASE INDICATE HOW YOU THINK YOUR EXPERIENCE/SKILL(S) CAN ASSIST IN THIS PARTICULAR POST NOT MORE THAN 150 WORDS			





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# PLEASE INDICATE HOW YOU THINK YOU CAN CONTRIBUTE TO THE ETHOS AND SUCCESS OF THIS SCHOOL

## NOT MORE THAN 150 WORDS

ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION NOT MORE THAN 150 WORDS





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NAMES & CONTACT DETAILS OF REFEREES*				
Referee 1		Referee 2		
Name		Name		
Role		Role		
Address		Address		
Work Tel Number		Work Tel Number		
Home Tel Number		Home Tel Number		
Mobile Nr		Mobile Nr		
	Referee 3	Referee 4		
Name		Name		
Role		Role		
Address		Address		
Work Tel Number		Work Tel Number		
Home Tel Number		Home Tel Number		
Mobile Nr		Mobile Nr		

#### \*Please Note:

- 1. Only those referees who know you in a professional capacity should be included. At least \*three names should be provided.
- 2. Close relatives and friends should not be listed as referees.
- 3. As it is probable that referees will have to be contacted outside of school times, it is crucial that phone numbers (preferably mobile numbers) outside of working hours, are given.
- 4. If the current employer (where applicable) is not named as a referee, the Selection Board reserves the right to seek a reference from the current employer.
- 5. The Selection Board in its sole discretion will determine the suitability of any reference. The Selection Board further reserves the right to seek from a candidate the names of additional referees.

I hereby declare that all the particulars furnished on this application form are true and correct to the best of my knowledge and that I am aware of the gualifications, requirements and particulars for this post, as set out in the advertisement and other relevant documentation.

Signature \_\_\_\_\_

Date	