APPLICATION FORM FOR TEACHING POST

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 only to that address.
 - If applications are required to be submitted <u>by post</u>, the Application Form must be sent to the Chairperson's address as specified in the advertisement.
- 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 **DO NOT**

- 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			

MATERNITY LEAVE

NVENT PRIMARY SCHOOL R

APPLICANT'S PERSONAL DETAILS				
Name (as per Teaching Council Register)				
Correspondence Add	Iress	Mok	oile Phone No	
Line 1:			dline No.	
Line 2: Line 3:		clear	nail Address (Please print rly if completing in	
Eircode		hand	lwritten format)	
	QUALIFIC	CATION	N TO TEACH AT PRIMARY L	.EVEL
Qualificatio	n(s)	Awarding University, College or Institute		Final results received: Day/Month/Year
TEACHING COUNCIL REGISTRATION				
Registration Number			_	
Registered under Regulati	on (please tick as a	ppropri	iate):	
Route 1 Primary (Formerly Regulation 2				
Route 2 Post Primary	(Formerly Regulat	ion 4)		
Route 3 Further Education	(Formerly Regulat	ion 5)		
Route 4 Other	(Formerly Regulat	tion 3)		
Registration Status: F	full 🗖	(Conditional	
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		J	Expiry Date:	
Condition 4: Qualification Shortfall		3	Please specify:	
			Expiry Date:	

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:
			To:
			From:
			To:
			From:
			To:
			From:
			To:
			From:
			To:

All information provided in this form is confidential to the Selection Board

POST(S) OF RESPONSIBILITY HELD (IF ANY) - MOST RECENT FIRST				
School Name	Address	Position(s) held	Dates	
			From:	
			То:	
			From:	

ROLL NR: 16159D

To:

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

ROLL NR: 16159D

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

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

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

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

ROLL NR: 16159D

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 qualifications, requirements and particulars for this post, as set out in the advertisement and other relevant documentation.

Signature	Date	