Please note:

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

Office use only
Date Received:



SCOIL MHUIRE COMMUNITY SCHOOL

APPLICATION FOR TEACHING POSITION			
eaching Post/s Applied for:			
. PERSONAL DETAILS			
First Name:	Surname:		
Home Address:	Correspondence Address: (if different)		
Home Phone Number:	Mobile Phone Number:		
Email Address:			
Are there any restrictions regarding your employ (if you answer Yes, please provide details on se			
Do you require a Work Permit?	Yes No		
Are you registered with the Teaching Council?	Yes No		
If YES, Teaching Council Registration Number:			
(Please state subjects qualified to teach at Post F	Primary Level)		
If NO, are you eligible for registration and willing	to register?		
Please note that the successful candidate will be include registration with the Teaching Council.	e paid by DES and will have to fulfill DES conditions which		

2. PRESENT POSITION

Please give details of					
Employer:	Address	s:		Job Title:	
How much notice do y					
your current employer	?				
	_				
QUALIFICATIONS					
3.1 Second Level Educ Leaving Certificate/Equi					
Year					
School attended:					
Subject				Grade	Hons/Ord
•					
3.2 Primary Degrees/D	iplomas				
University/Institute/Colle	ge:				
Degree Title:					
Qualification (Hons/Pass	s):	A	warding Body:		
Year of Entry:		Year Qualified:			
Subjects studied:		<u>, </u>			
First Year Subjects	3		Final Year	Subjects	

3.3 PGDE / HDIP / Equivaler	<u>nt</u> :			
University/Institute/College:				
Title:				
Qualification (Hons/Pass):		Awarding Body:		
Year of Entry:		Year Qualified	:	
Subjects studied:				
3.4 Post graduate Qualificat	ions			
University/Institute/College:				
Title:				
Qualification (Hons/Pass):		Awarding Body	y:	
Year of Entry:		Year Qualified:		
3.5 In-Service Courses/Train List any in-service courses/traini	ng you have received. Pl	ease include date	es of the relevant training and	d duration of
Name of Course	ost recent and work backwards. Name of Organisation/Institution		Length of Course	Year
	running co	ourse		

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

4.2 Non-Teaching Experience (if applicable)

Please provide details of your work history beginning with the most recent post.

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

5. SUPPORTING STATEMENT

This section is for you to provide a summary of your teaching experience, your approach to teaching and any extra-curricular activities you have organised and are willing to promote.

6. REFERENCES

Name & Title:

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].

Telephone/Mobile:

Email:

Position Held:

Present or most recent employer:

Full address:							
Other referee:	Other referee:						
Name & Title:	Position Held:	Telephone/Mobile:	Email:				
Full address:							
7. DECLARATION AN	7. DECLARATION AND SIGNATURE						
You are required to sign the declaration below certifying that all 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		Dat	te				
		_					

Completed Applications should be returned <u>by email</u> to <u>scoilmhuire.clane@gmail.com</u> or by post to <u>The Secretary</u>, <u>Board of Management</u>, <u>Scoil Mhuire Community School</u>, <u>Clane</u>, <u>Co. Kildare by 12 noon on Tuesday 7th May 2024.</u>

Only shortlisted candidates will be notified

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 and subject to the satisfactory outcome of the Garda Vetting Process.