

Scoil Phobail Beál Átha h-Amhnais **BALLYHAUNIS COMMUNITY SCHOOL**

David McDonagh *Principal*

Orla Macken *Deputy Principal*

Patrick McGarry *Deputy Principal*

 Orla Macken *Deputy Principal*

**APPLICATION FOR THE POSITION OF:**

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**Note: The Application Form must be typed. Handwritten forms will not be accepted.**

**SECTION 1: Personal Details:**

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| **Surname:**  |
| **Given Name:** |
| **Current Address:** |
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| **Mobile No.** |
| **E-mail Address** |
| **Teaching Council Registration No:** |
| **Subjects Recognised by Teaching Council:** |
| **Are there any restrictions to your employment (if you answer yes, please provide details on a separate sheet)** |
| **Do you require a work permit?** |

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| **2.1 Second Level Education** |
| **Leaving Certificate/Equivalent****Year \_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| **School attended:** |
| **Subject** | **Grade** | **Hons/Ord** |
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**SECTION 2: Qualifications:**

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| **2.2 Primary Degrees/Diplomas**: |
| **University/Institute/College:** |
| **Qualification (Hons/Pass):** | **Awarding Body:** |
| **Year of Entry:** | **Year Qualified:** |
| **Subjects studied:** |
|  **First Year Subjects** |  **Final Year Subjects** |
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| **2.3 PGDE / HDIP / PME/Equivalent):** |
| **University/Institute/College:** |
| **Qualification: (Hons/Pass)** | **Awarding Body:** |
| **Year of Entry:** | **Year Qualified:** |
| **Subjects studied:** |
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| **2.4 Post Graduate Qualifications** |
| **University/Institute/College:** |  |  |
| **Qualification:** | **Awarding Body** |  |
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| **2.5 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*** |
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**SECTION 3: Employment History**

 **3.1: Teaching Experience (Most recent first)**

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| **Name of school or college** | **Dates employed there** | **Experience in years & months** | **Contract Type: PWT/RPT/Part-time etc.** | **If pro-rata part-time, timetabled hours per week** | **Subject(s) taught** | **Level(s) taught** |
|   |   |    |   |   |  |  |
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**Total Number of Years (Excluding PME): \_\_\_\_\_\_**

**3.2: Post of Responsibility Experience (if applicable)**

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| **Post(s) of Responsibility or equivalent beginning with the most recent position.**A descriptor of the post is **NOT** required**.** |
| Dates From/To | Position (Indicate level of post – eg API, APII, SD) | School or other Institution | **Title** of Post(a descriptor of the post is not required) |
|       |       |       |       |
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**SECTION 4: Teaching Skills**

4.1: I.T. is increasingly playing an important role in the classroom environment. Please outline your experience of incorporating technology into your teaching. (150 words max)

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4.2: How do you motivate your students to become active learners in the classroom? (150 words max)

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4.3: What interests/skills can you bring to Ballyhaunis Community School outside of the classroom?

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**SECTION 5: Supporting Statement**

This section is for you to provide a summary of your teaching experience, your approach to teaching and any other relevant information. (250 words max.)

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**SECTION 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 becontacted withoutfurther communication withyou and prior to selectioninterview if shortlisted for interview].

***Present or most recent employer:***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Title:** | **Position Held:** | **Telephone/Mobile:** | **Email:** |
|  |  |  |  |
| **Full address:**  |
|  |

***Other referee:***

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| --- | --- | --- | --- |
| **Name & Title:** | **Position Held:** | **Telephone/Mobile:** | **Email:** |
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| **Full address:**  |
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**Section 7. Declaration and Signature**

In the event of you being recommended for this position, the Board of Management is obliged to comply with the terms of current DES circular letters.

If you are recommended for this position, a vetting disclosure must be made available to the Secretary to the Board of Management when the offer of employment is being made. The Board of Management may withdraw an offer of employment if a satisfactory vetting disclosure is not made available.

The Board of Management cannot enter into a Contract of Employment without first receiving a vetting disclosure.

By signing below, you consent to a vetting disclosure, received by the Teaching Council from the Vetting Bureau, being made available to the school in accordance with the requirements of Circular Letter 31/2016.

You are also 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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 and satisfactory references.**

**SECTION 8: Checklist**

Have you enclosed each of the following documents?

1. Copies of **two recent** references  
2. Details of your Teaching Council Registration 

**SECTION 9: Personal Testament**

Have you ever been subject to any investigation regarding your personal fitness to work with children or young adults?

 Yes         No

**I certify that the information submitted in this form is, to the best of my knowledge, accurate and true:**

**Signed:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_