

# ***Scoil Phobail Sliabh Luachra, Rathmore, Co. Kerry***

## ***Application form for Teaching Post***

**Please complete application form in PRINTED FORM please**

**1. TITLE OF POST:**

**2. PERSONAL:**

Surname:

First Names:

Home Address:

**P.P.S. Number:**

Telephone: (Home)

(Mobile)

(Work)

Present Position:

Name of Employer:

**3 QUALIFICATIONS:**

**3.1 Primary Degree**

Title of Qualification e.g. B.A., B. Comm.:

Level of Award (1st, 2nd, 3rd Hons, Pass or Awaiting Results):

University/Institute/College attended:

Year of Award:

Duration of Degree Course:

Degree Subjects (Final year):

1st year Subjects:

### 3.2 Post Graduate Degrees

Title of Qualification:

Level of Award (Hons or Pass or Awaiting Results):

University/Institute/College attended:

Year of Award:

Subjects studied:

Duration of Course:

### 3.3 Higher Diploma in Education

Level of Award (Hons or Pass):

Year of Award:

University/Institute/College:

Subjects studied:

### 3.4 Other Third Level Qualifications

Title of Qualifications:

Awarding Body:

Year of Award:

Subjects studied:

### 3.5 Qualifications in Irish

## 4. EMPLOYMENT RECORD

### 4.1 Previous Teaching Experience:

<b>Name of Educational Authority/Body by which Employed</b>	<b>From (State dates)</b>	<b>To (State Dates)</b>	<b>Capacity in Which employed i.e -Permanent Wholetime -Temp.Wholetime -Pro-Rata (part-time (EPT) -Part Time</b>	<b>Weekly Contract -Contract Hours In respect of RPT (EPT) and PT employment</b>

4.2. State subjects taught during period of employment specified at 4.1, and standard of instruction i.e.Courses and Examinations for which students were presented:

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4.3 Relevant Experience:

From	To	Employer	Nature of Employment

**5. OTHER INTERESTS**

Extra curricular activities in which you have been and / or would be prepared to be involved?

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**6. ANY OTHER RELEVANT INFORMATION**

*(Separate page may be attached to record additional information)*

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**7. PLEASE PROVIDE TWO WRITTEN REFERENCES OF RECENT DATE AND LIST THE NAMES BELOW.**

(i) Name:

Address:

Telephone No:

(ii) Name:

Address:

Telephone No:

**8. ARE YOU A REGISTERED TEACHER WITH THE TEACHING COUNCIL** Yes  No

Please indicate your Registration Number:

Indicate subjects which you are recognised to teach by the Teaching Council:

**9. Garda Vetting Reference Number:**

**I hereby certify that all information provided on this application form is true and correct:**

**Signature of Applicant:**

**Date:**

**Return to:** The Secretary,  
Board of Management,  
Scoil Phobail Sliabh Luachra,  
Rathmore,  
Co Kerry.