A logo for a hospital

Description automatically generated

Application Form For CNS Teaching Posts

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| **Applicant’s Name** |  |
| **Position applied for** | **Post Primary Mainstream Class Teacher – Specific Purpose to cover Job Share – Ref: PPMS25J** |

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| **Roll Number** | **18788V** |
| **School** | **Solas Hospital School** |
| **Address** | **Crumlin, Dublin 12** |
| **County** | **Dublin** |

**Please Note:**

1. The application form must be sent to the address as specified on [www.educationposts.ie](http://www.educationposts.ie) - [applications@cdetb.ie](mailto:applications@cdetb.ie)
2. The completed form must arrive to the address on or before the date and time as specified in the advertisement
3. Canvassing will disqualify.
4. **DO NOT**
   1. Send a Curriculum Vitae with this form. You may be asked to provide a CV at a later stage of the recruitment process
   2. Enclose any certificates with this form. The successful candidate may be required to present original documents in relation to Teaching/other Qualifications prior to appointment

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| **For official**  **use only** | Received By: | Date: | Time: | Short listing score: |

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| **Personal Details** | | | |
| **Name** |  | | |
| **Home Address** | | **Mobile Telephone No.** |  |
| **Home Telephone No.** |  |
| **Teaching Council Registration Number** |  |
| **E-mail Address** |  | | |

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|  | \*If p please insert teaching practice grades – if available | | | | |
|  | School Name | Address | Class taught | Dates | Grade |
|  |  |  |  | From  To |  |
|  |  |  |  | From  To |  |
|  |  |  |  | From  To |  |

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| --- | --- | --- | --- |
| Teaching Experience - most recent first  Probated : Yes □ No □ | | | |
| School Name | Address | Position held | Dates |
|  |  |  | From  To |
|  |  |  | From  To |
|  |  |  | From  To |

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| --- | --- | --- | --- |
| Post(s) of Responsibility – Most recent first | | | |
| School Name | Address | Position Held | Dates |
|  |  |  | From  To |
|  |  |  | From  To |
|  |  |  | From  To |

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| **Education Qualifications –** most recent first  Include under graduate & post-graduate qualifications. The successful candidate may be asked to present original documents | | | |
| Qualification | **Awarding University, College or Institute** | **Overall Grade** | **Year of Award** |
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| relevant courses taken/Professional Development– most recent first: |
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| --- | --- | --- | --- |
| Other Relevant employment experience - most recent first | | | |
| Employer/Project | Position | Duties | Dates |
|  |  |  | From  To |
|  |  |  | From  To |
|  |  |  | From  To |

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| **Areas of special interest – curricular /other** | |
| Area | Expertise/Experience |
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| **What is your understanding of the Community National School model?**  Not more than 150 words |
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| **Briefly outline your motivation for applying for this position-including examples of voluntary work, community involvement, etc.**  Not more than 150 words |
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| **What do you consider are your most significant strengths and qualities you would bring to this position?**  Not more than 150 words |
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| **Additional information (not already mentioned) to support your application.**  Not more than 150 words |
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**Please Note:**

1. Please include at least two referee who know you in a professional capacity
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 at which referees can be contacted (three if possible) are given.

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| **Names & Contact Details of Referees** | | | |
| **Referee 1 (professional)** | | **Referee 2 (Professional)** | |
| Name |  | Name |  |
| Role |  | Role |  |
| Address |  | Address |  |
| Work Tel Number: |  | Work Tel Number: |  |
| Home Tel Number: |  | Home Tel Number: |  |
| Mobile Tel Number: |  | Mobile Tel Number: |  |
| |  |  |  | | --- | --- | --- | | **Referee 3 (Professional)** | |  | | Name |  | | Role |  | | Address |  | | Work Tel Number: |  | | Home Tel Number: |  | | Mobile Tel Number: |  | | |  | | --- | | **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  | | | | | | | |