



Scoil na Tríonóide Naofa
Doon, Co. Limerick.

**Note: Copies of completed application forms will be made available to the Selection Board
FORMAT OF APPLICATION FORM MUST NOT BE ALTERED/AMENDED**

Application for Teacher of:

1. PERSONAL

[1.1] **FULL NAME**

[1.2] **PRESENT ADDRESS**

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[1.3] **PERMANENT ADDRESS (if not above)**

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[1.4] **TELEPHONE: HOME:MOBILE:**

EMAIL:

[1.5] **TEACHING COUNCIL REGISTRATION NO:-**

[1.6] **GARDA VETTING NO:-**

Sector (Primary, Secondary etc)	Registration Level	Subject

[1.7] **ANY OTHER RELEVANT INFORMATION**

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2. EDUCATION

[2.1] Third Level (Education) -

College(s)	Full Course Title	Qualification(s) with grade	Year of Award

[2.2] Subjects taken for each year of Degree Course

Year 1	Year 2	Year 3	Year 4

[2.3] College Work Placement (e.g. Co-op., Teaching Practice, etc.) if applicable

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[3.2] Any plans for further study?

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[3.3] If you were appointed to the advertised post, list in order of importance your top three priorities as a Teacher?:

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[3.4] Are there Extra-Curricular Activities in which you would become involved?

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4. PROFESSIONAL DEVELOPMENT

List any inservice courses taken (with dates) indicating duration of courses and, where appropriate, certification obtained.

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5. INTERESTS

Activity	Statement of Level of Involvement	Organisation/ Professional Association (if applicable)

7. REFERENCES

It is the policy of Scoil na Tríonóide Naofa to seek a reference from two people one of whom must be your current or most recent employer. Please nominate the persons to be contacted. The Candidate must be directly known to the referee.

Referee 1

Name: _____

Professional Address: _____

Professional Position: _____

Telephone / Mobile Number(s): _____

Position / relationship to you? _____

Referee 2

Name: _____

Professional Address: _____

Professional Position: _____

Telephone / Mobile Number(s): _____

Position / relationship to you? _____

I confirm that the information which I have provided on this form is accurate.

Signature of Applicant: _____

Date: _____

In connection with this application for employment, I authorise all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies and former employers to release information they may have about me to the person or company to which this application has been made and I release them from any liability and responsibility from doing so.

I confirm that I am aware of the school's policy on vetting and that I have read the school's policy on vetting. I accept the school's policy that satisfactory vetting is an essential requirement for appointment to a post in the school. I authorise the Principal/Line Manager to receive disclosure of the outcome of *Garda Vetting* and to have regard to it in determining if I am suitable to be appointed to the post.

Signature of Applicant: _____

Date: _____

END of Application Form

Additional Information

Completed and signed Application Form should be submitted to:

**Principal,
Scoil na Tríonóide Naofa,
Doon,
Co. Limerick.**

References

References will be taken up prior to interview for short-listed candidates. Unless you are seeking your first teaching appointment, you must quote your present or most recent Principal or equivalent person. Your referees will be asked about your suitability to work with children and at least one of your referees must be able to comment on your teaching abilities. We reserve the right to approach any of your previous employers in connection with this application. References will not be accepted from relatives or from people who are responding solely in the capacity of friends of the applicant. It is your responsibility to ensure that your referees consent to their details being provided.