

Gallen Community School Application for Teaching Post

Name:	
Post being applied for:	
Teaching Council Number:	
Subjects registered to teach by the Teaching Council:	
Garda Vetting Number:	
	Office Use Only:

INSTRUCTIONS FOR APPLICANTS

PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION

- Your application should be **typed**.
- Handwritten applications will not be accepted.
- Please complete **ALL SECTIONS** of the application.
- Sign and date section L.
- Incomplete applications will not be considered.
- Completed application forms should be sent by email only to admin@gallencs.com
 by the closing date on the advert.
- Applications by post will not be accepted.
- A CV is not required and should not be included with your application.
- Correspondence to applicants from the school will be via email above.
- All appointments are subject to clearance by the Redeployment Office and to sanction and approval by the Department of Education and Skills.
- Shortlisting may apply. Gallen Community School is an equal opportunities employer.

Gallen Community School

A: APPLICANT DETAILS				
First Name:	Surname:			
Home Address:	Correspondence Ad	dress: (if different)		
Contact Phone Number	Email Address:			
B: PRESENT POSITION				
Employer Addr	ress	Job Title		
How much notice do you need to give you				
How much notice do you need to give you	our current			
How much notice do you need to give you employer? C: EDUCATIONAL DETAILS/Q	our current QUALIFICATIONS			
How much notice do you need to give you employer? C: EDUCATIONAL DETAILS/Q Leaving Certificate (or equivalent)	our current			
How much notice do you need to give you employer? C: EDUCATIONAL DETAILS/Q	our current QUALIFICATIONS			
How much notice do you need to give you employer? C: EDUCATIONAL DETAILS/Q Leaving Certificate (or equivalent)	our current QUALIFICATIONS	Grade		
How much notice do you need to give you employer? C: EDUCATIONAL DETAILS/Q Leaving Certificate (or equivalent) School attended:	Our current QUALIFICATIONS Year:	Grade		
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Frimary Degree				
University/Institute/Co	llege			
Degree Title				
Year of Entry	Award	Grade: Hons/Pass	Year Qualified	
j				
1st Year Subjects				
Final Year Subjects				
H. Dip/PGDE (or equ	ivalent if relevant)			
University/Institute/Co	llege			
Year of Entry	Award	Grade: Hons/Pass	Year Qualified	
D 4 1 4 0 1'6'	/• (•B			
Postgraduate Qualific	ations (if any)			
University/Institute/Co	llege			
Degree Title	A 1	C 1 II /D	V 0 1'C' 1	
Year of Entry	Award	Grade: Hons/Pass	Year Qualified	
D TEACHING C	OINGI PEGICEP	AATION AND CARDA	TOTAL	
D: TEACHING C	OUNCIL REGISTR	RATION AND GARDA V	VETTING	
Are there any restrictio	ns regarding your emp	ployment? YF	ES 🗆 NO 🗆	
(If YES please provide	details in the supporti	ing statement)		
Do you require a work	permit?	YE	ES 🗆 NO 🗆	
Are you registered with	the Teaching Counci	il? Y	ES 🗆 NO 🗆	
Is your registration:	FULL	CONDITIONAL	PENDING	
Teaching Council Regi	stration Number:			
Subjects qualified to te	ach:			
Are you Garda Vetted? YES \square NO \square				
If 'YES' please provide	e the exact date:		_	
If 'NO' have you subm	itted a Vetting Form t	to the NVB?	YES □ NO □	

E :	TEACHING EXPERIENCE	(do not leave gaps)	
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Please provide details of your teaching experience beginning with the most recent post.

	Status	Teaching	(Most Recent Employment First	
SCHOOL (Name & Address)		Commitment		
	(e.g. pwt,	Hours per week	From	То
	twt, cid, rpt),		(dd/mm/yy)	(dd/mm/yy)

SUBJECTS AND LEVELS TAUGHT (please tick appropriate columns \checkmark)

SUBJECT	Leaving Cert	Lev Higl Ordir	LCA	Junior Cert	PLC/FE	JCSP	SEN

F: NON-TEACHING EXPERIENCE (do not leave gaps)

Name/Address of Employer	Period of Service (exact dates) From: To:	Position Held	Summary of Duties

EXTRA-CURRICULAR ACTIVITIES utline below any extra-curricular activities you are involved with and are willing to romote: ESUPPORTING STATEMENT lease provide a summary of your teaching experience to date and outline what you can Gallen Community School if appointed to the position.					
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Please provide names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work and from whom a professional reference can be sought. One should be your current or most recent employer. Please note: your referees may be contacted without further communication with you prior to interview if you are shortlisted.

Name	
Position/Job Title	
Address	
Mobile Number	
Email Address	

Name	
Position/Job Title	
Address	
Mobile Number	
Email Address	

L: DECLARATION AND SIGNATURE

- Please sign below, certifying that all the information you have provided is accurate.
- The Selection Committee may wish to check and seek clarification on the details you have provided.
- The Selection Committe may contact references for short listing if required.
- 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, dismissal.
- In the event of you being recommended for this position, the Board of Management is obliged to comply with the terms and conditions of Department of Education and Skills circular letters.
- If you are recommended for this position, a vetting disclosure must be made available to the Secretary, 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.

I declare that the information supplied by me in this application is accurate and true.	
Signed:	Date: