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| **Application for Post of:** | **7.5 Hours**  English, Music (and History) |
| **Post Reference Number:** | **PP.1** |

**Only typed Application Forms will be accepted.**

**Closing date for receipt of completed Application Form: Refer to advertisement**

Electronic version of completed Application Form should be submitted to:

jobs@beaumonthospitalschool.ie

**Please complete all areas of the application form fully, giving as much detail as possible of your skills, abilities and experience relating to this post. Shortlisting will be based on the information given in your application form.**

1. **Personal Details**

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| **Name:** |  | **Work No:** |  |
| **Address for**  **Correspondence:** |  | **Mobile No:** |  |
|  | **Home No:** |  |
|  | **Email:** |  |

1. **Current or most recent appointment**

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| **Employer’s name** |  |
| **Employer’s address** |  |
| **Starting date** |  |
| **Position held** |  |
| **Leaving date (if applicable)** |  |

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| **When would you be available to take up the post, or what notice period is required by your current employer?** |
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| **Reason for leaving if no longer employed** |
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| **Are there any restrictions on your right to work in Ireland?** | Yes/No: |
| If yes, please give details: | |

**3. Previous employment**

Please list all your previous jobs. This should also include voluntary and temporary work. Continue on a separate sheet if necessary.

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| **Dates employed to/from** | **Name & address**  **of School/Centre** | **Position held PWT/ CID/TWT/PRCT/PT (Please state hours)** | **Nature of work (including subjects & levels taught)** | **Reason for**  **leaving** |
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**Current and previous Post of Responsibility experience (if applicable)**

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| **Deputy**  **Principal** |  | **Permanent** |  | **Acting** |  | **Duration** |  | **Year of Appointment** |  |
| Duties: | | | | | | | | | |
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| **Assistant**  **Principal** |  | **Permanent** |  | **Acting** |  | **Duration** |  | **Year of Appointment** |  |
| Duties: | | | | | | | | | |
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| **Special Duties** |  | **Permanent** |  | **Acting** |  | **Duration** |  | **Year of Appointment** |  |
| Duties: | | | | | | | | | |
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| **Other:** |  | **Permanent** |  | **Acting** |  | **Duration** |  | **Year of Appointment** |  |
| Duties: | | | | | | | | | |
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**Relevant Commercial/Industrial Work Experience (if applicable)**

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| **Employer:**  **(**name and address) | **From:** | **To:** | **Please outline nature and main duties of employment** |
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**Details of Qualifications**

### Are you a registered teacher with the Teaching Council?

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| Yes: |  |  | No: |  |

If **yes** please attach a copy of your ‘Confirmation of Registration’ Form. Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate what subjects have you been recognised to teach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If **no** please give further details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Title of Degree**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Year Obtained: |  | Pass: |  | Honours: |  | | | | | | | | | | | | | | | | |
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| **Subjects Taken** | | | | | | | | | | | | | | | |
| **First Year** | | **Result** | | | | | | **Final Year** | | | | | | **Result** | |
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| Duration of Course of Study | 2 yrs | |  | | 3 yrs |  | 4 yrs | |  | other | |  | (please specify) | | |
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| Please specify whether full-time | | |  | |  | Part-time study | | | | | |  |  | | |
| **Higher Diploma in Education (or equivalent)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Year Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_ Pass/Honours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **Other Qualifications held** | | | | **Course Title** | | | **Year of Award** | | | | **Pass or Honours** | | | | **College** |
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| **Any other information about your qualifications:** |
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| **Inservice Courses** | | | | |
| **Dates** | | **Title of Course** | **Name of Organisers** | **Nature of Award** |
| **From** | **To** |  |  |  |
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**5. Any other relevant information (achievements, interests, membership of organisations, etc)**

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**6. Supporting Statement. Please describe the skills and qualities that you believe you will bring to this teaching role within a hospital school:**

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**7. Details of referees**

Details of persons from whom copies of References of recent date and given by persons of standing **are submitted**. One should be a recent employer. Both referees should have been in a position of responsibility within the employing organisation(s). They must neither be related to you, nor be known to you only as a friend.

Please note that your referees may be contacted without further communication with you and prior to interview.

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| **1st Referee** | | | **2nd Referee** | | |
| **Name:** |  | | **Name:** |  | |
| **Organisation name & address** | | | **Organisation name & address** | | |
|  | | |  | | |
| **Telephone no./ext & email address** | | | **Telephone no./ext & email address** | | |
|  | | |  | | |
| **Position Held:** | |  | **Position Held:** | |  |
| **Your work connection with this referee** | | | **Your work connection with this referee** | | |
|  | | |  | | |
| **If you were known by another name when employed please specify:** | | | **If you were known by another name when employed please specify:** | | |
|  | | |  | | |
| **Dates of employment to/from (if applicable)** | | | **Dates of employment to/from (if applicable)** | | |
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**8.**

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| **Are you currently on career break?** |  | | | | |
| **Are you in receipt of a state pension?** |  | | | | |
| **Have you previously retired under Strand 1, 2 or 3 of the Department of Education & Skills Retirement?** | Yes |  | No |  | If yes, please state Strand No: |

**9. Declaration**

**Please read before signing this application form**

The accuracy of information provided may be checked with other organisations. Provision of false or misleading information may amount to a criminal offence. Beaumont Hospital School Board may obtain from or provide information to third parties for the purposes of the detection and prevention of crime.

The organisation may data match information it holds about its employees for the prevention and detection of crime.

I declare that the information I have provided is true and accurate and that I have not omitted any material facts. I accept that the offer of employment is conditional on the provision by me of true, accurate information with no material omissions.

I give my consent to Beaumont Hospital School Board making such reasonable enquiries as it sees fit in respect of my application.

I accept that once I have commenced employment, Beaumont Hospital School Board will be entitled to terminate my contract without notice or withdraw the offer of employment if information in this application is untrue or inaccurate or if there are material omissions from it.

All personal information provided on this application form will be stored securely by Beaumont Hospital School Board and will be used for the purpose of the recruitment process. Application forms will be retained for a period of 12 months, and in the case of a successful candidate for the duration of his or her employment and a minimum of two years thereafter. This information will not be disclosed to any third party without your consent, unless where necessary to comply with statutory requirements or to provide normal ETB services. Internally, your information will be kept confidential and only made available as necessary. You may, at any time, make a request for access to the personal information held about you.

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|  | **I have attached the following (please tick):** |  |
|  | 1 Teaching Council ‘Confirmation of Registration’ Form and confirmation of subjects qualified to teach |  |
|  |  |  |
|  | 2 Photocopies of relevant qualifications |  |
|  |  |  |
|  | 3 Pasport Photo |  |
|  |  |  |
|  | 1. Two written references |  |

Before signing this form, please ensure that you have replied fully to all questions asked.

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| **Signature** | **Date** |
|  |  |

**Completed forms should be returned to:**

**jobs@beaumonthospitalschool.ie**

Canvassing will automatically disqualify. Shortlisting of applicants may take place.

###### Beaumont Hospital School Board is an equal opportunities employer