St Peter'	's, Pa	ıssag	ge Wes	t, Co	Cork.						
Complete	ed Ap	plica	tion Fo	rm Mı	ust Be	Туре	d				
Post Appli	ied fo	r:									
Personal I	Detail	S									
Name											
Address											
Phone			М			F	н				
Email											
Teaching Cour	ncil Regis	stration	Number								
Garda Vetting											
Qualificati	ions										
Leaving Cert.	Subjec	ts and G	Grades (list a	all subjec	ts)						
Grade											
Total Points											
		Title			College		Durat	ion	Yea	r of Award	Grade: Honours-Pass 1.1 / 2.1 / 2.2 etc.
Primary Degre	ee										

Teaching Qualification			
Post Graduate Qualification			

Teaching Subjects: Give details of your subject(s) and levels that are recognised by the Teaching Council.

Subjects	Level
1.	
2.	
3.	

Other Relevant Qualifications / Experience

Qualification	
1.	
2.	

Supporting Statement

Please provide a summary (max 200 words) of your teaching experience, your approach to teaching and any extra-curricular activities you have organised and are willing to promote.

Teaching Experience: Status - Casual - Substitute / Part-Time / RPT (regular part-time)

Name of School	Year	Status	Total Number of Weeks	Hours Per Week	Total Hours Worked	

Present Occupation

Employer	Contact Details

Reference

Name	
Address	
Email	
Phone	
Position Held	

Name	
Address	
Email	
Phone	
Position Held	

Documentation and Declarations

The following documents must be attached to your application

Proof of registration with The Teaching Council incl. evidence that your membership is current. (In the event that registration is pending, proof of application to the Teaching Council must be supplied.) Copies will suffice but you must be able to supply originals if required.

- Garda Vetting Clearance.
- Two Written References

Declaration

I declare that I have not canvassed, nor do I intend to do so, either directly or indirectly, for this Post. I certify that the particulars given above are true and accurate and that I have not omitted any material facts. I accept that any offer of an appointment is conditional upon verification of the information supplied and sanction of the post by the DES. I give my consent to the board of management of St. Peter's making such reasonable enquiries as it sees fit in respect of my

application. I accept that once I have commenced employment, the board of management of St. Peter's will be entitled terminate my contract without notice or withdraw the offer of employment if information in this application is untrue of inaccurate or if there are material omissions from it.						
SIGNATURE OF APPLICANT	DATE					
Completed forms should be returned to:						
Secretary of the Board of Management, St Peter's, Passage West, Co. Cork						
BY NOT LATER THAN THE DATE STATED ON THE ADVER St Peter's Community School is an Equal Opportunities	` '					