|  |
| --- |
| ***Please complete all sections below and return to the Secretary of the Board of Management at Kinsale Community School before the closing date. Kinsale Community School is an equal opportunities employer.*** |
| **TEACHING SUBJECTS**  |
| **Subject(s):** |  |
| **(You should be registered with the Teaching Council in the subject area you are applying for.)** |
| **TEACHER COUNCIL REGISTRATION DETAILS** |
| **Date of Registration:** |  | **Renewal Date:** |  |
| **TC Registration Number:** |  | **Conditions:** |  |
| **PERSONAL DETAILS** |
| **Title (Dr/Mr/Ms/Fr):** |  | **Name:** |  |
| **Nationality:** |  | **DOB:** |  |
| **Address:** |  |
|  |
| **PPS Number:** |  | **Email Address:**  |  |
| **Phone Numbers:**  | **Home:** |  | **Mobile:** |  |
| **GARDA VETTING DETAILS** |
| **Have you obtained Garda Clearance as part of Teaching Council Registration:**  | **Yes** |  | **No** |  |
| **Please attach a copy of Garda Clearance letter** |
| **EDUCATIONAL HISTORY** |
| **Primary Degree or Equivalent Qualification:** |
| **Course Title** |  |
| **College** |  | **Course Duration** |  |
| **Grade** |  | **Year of Award** |  |
| **Subjects** |  |
|  |
| **Teacher Training Qualification:** |
| **Course Title** |  |
| **College** |  | **Course Duration** |  |
| **Grade** |  | **Year of Award** |  |
| **Topics** |  |  |  |
| **Other Qualification:** |
| **Course Title** |  |
| **College** |  | **Course Duration** |  |
| **Grade** |  | **Year of Award** |  |
| **Topics** |  |  |  |
| **Other Qualification:** |
| **Course Title** |  |
| **College** |  | **Course Duration** |  |
| **Grade** |  | **Year of Award** |  |
| **Topics** |  |  |  |
|

|  |
| --- |
| **Please list any further qualification details and any relevant CPD taken with dates:** |

 |
| **AVAILABILITY** |
| **Please give details of any restriction on your availability to take up this post.** |  |
|  |
| **WORK REFERENCES**  |
| **Work Reference A** | **Work Reference B** |
| **Name:** |  | **Name:** |  |
| **Position held:** |  | **Position held:** |  |
| **Address:** |  | **Address:** |  |
|  |  |
| **Telephone No:** |  | **Telephone No:** |  |
| **EMPLOYMENT HISTORY** |
| **Have you been employed previously as a teacher (excluding Teaching Practice)** | **Yes** |  | **No** |  |
| **School(s)/Duration/ Dates/ Post Status:** |
|

|  |
| --- |
| 1. **Please give a summary of your style of teaching.**
2. **What are the factors that you consider essential to making learning happen in the classroom?**
3. **Please give details of any extra-curricular you have been involved in in the past and would like to be involved in in KCS.**
 |

|  |
| --- |
| **Signed:** **Print Name:** **Date:** |

 |