



Stratford College

Co-educational Secondary School

APPLICATION FORM- Teaching Position
Position Applying for:

PERSONAL DETAILS

Full name:	
Address:	
Phone number:	Home:
	Mobile:
	Work:
E-mail:	

Teaching Council Registration Number (Please attach copy of your Confirmation of Registration Form)						
Subjects registered to teach (Please attach evidence of subjects registered to teach)						

1. EDUCATION

Secondary Education

Please enter the information regarding Leaving Certificate or equivalent examination:

Subject taken	Level	Result

Principal: Mr. Nathan Barrett Deputy Principal: Ms. Delia Donohoe

1 Zion Road, Rathgar, Dublin DO6 T9V3, Tel: +353 1 492 2315 E-mail: admin@stratfordcollege.ie

www.stratfordcollege.ie

Registered Charity Number (RCN): 20145989



Stratford College

Co-educational Secondary School

Third Level Education

In the grid below please enter the exact title of each qualification, e.g., Bachelor of Arts, Bachelor of Education Degree, Postgraduate Diploma in Education, Master of Science, etc.

	Degree Qualification or Equivalent	Teacher Education Qualification	Other (e.g. Masters)
Title of qualification			
University attended			
Year awarded			
Subjects taken in final examination			
Duration of course			
Level of award (Results, e.g. 2. 1 Honours, Pass, GPA = 3.42.)			

2. FURTHER QUALIFICATIONS e.g. diplomas / certificates

Title:		Year:		Awarding body:	
Title:		Year:		Awarding body:	
Title:		Year:		Awarding body:	

Principal: Mr Nathan Barrett Deputy Principal: Ms. Delia Donohue

1 Zion Road, Rathgar, Dublin Do6 T9V3, Ireland. Tel: +353 1 492 2315 E-mail:

admin@stratfordcollege.ie

www.stratfordcollege.ie



Stratford College

Co-educational Secondary School

3. TEACHING EXPERIENCE

Please list most recent employment first.

SCHOOL (Name & Address)	Status (e.g. PWT, CID, RPT)	Teaching commitment (Hours per week)	FROM (dd/mm/yy)	TO (dd/mm/yy)

4. SUBJECTS AND LEVELS TAUGHT

(please tick appropriate columns ✓)

SUBJECT	Leaving Cert	Level		TY	Junior Cert	Other
		H	O			

5. Continuous Professional Experience

Name of Course	FROM (dd/mm/yy)	TO (dd/mm/yy)

6. CO-CURRICULAR EXPERIENCE



Stratford College

Co-educational Secondary School

Please outline any co-curricular and/or extra-curricular involvement you have had while working in a school.

SCHOOL	Nature of Activities /Role	FROM (dd/mm/yy)	TO (dd/mm/yy)

6. OTHER WORK EXPERIENCE

EMPLOYER	FROM (dd/mm/yy)	TO (dd/mm/yy)	Nature of Employment

7. INTERESTS & ACTIVITIES



Stratford College

Co-educational Secondary School

8. ADDITIONAL INFORMATION TO SUPPORT YOUR APPLICATION

Please use additional pages if needed.



Stratford College

Co-educational Secondary School

9. PERSONAL REFERENCES

Please supply the names and addresses of two referees with whom you have worked in a professional capacity and who may be contacted.

Name:		Tel.	(W)	
Address:			(M)	
		Email		

Name:		Tel.	(W)	
Address:			(M)	
		Email		



Stratford College

Co-educational Secondary School

• **DECLARATION**

I certify that the information provided herewith is true and correct.

Signature of Applicant:

Date:

I have enclosed the following (please tick box):

- 1 original application form with attachments
- Evidence of qualifications
- Evidence of Registration with the Teaching Council
- Evidence of Garda Vetting

Please email completed applications with supporting documents to admin@stratfordcollege.ie