Sacred Heart Secondary School

Scartagh, Clonakilty, Co. Cork, Ireland, P85 K651

Meánscoil an Chroí Naofa

Cloch na Coillte, larthar Chorcai, Eire, P85 K651



Application Form for a teaching post funded by monies from the Oireachtas.

All posts are subject to the approval of the Director of Redeployment, sanction by the DE, completion of Statutory Declaration and Form of Undertaking and satisfactory Vetting Disclosure as per Section 14 of National Vetting Bureau (Children and Vulnerable Persons) Acts 2012 to 2016.

The Board of Management of Sacred Heart Secondary School is an equal opportunities employer.

Applicant's Name:				
Position applied for:				
Notes on the completion of this form				
• No CV's, only this official applic	ation form, will be consi	dered as valid for this competition.		
All sections of the application form	n must be fully completed	d giving as much detail as possible of your		
skills and experience relating to this	skills and experience relating to this post. Shortlisting will be based on the information gathered from this			
form. Candidates who fail to con	plete their application f	form in full may not be shortlisted.		
Only candidates who are registered	l with the required subjec	t/subject combinations will be short-listed,		
and only short-listed candidates w	ll be contacted.			
• The exact specification of contracted hours granted will depend on timetable needs. This includes the				
exact number of hours given and t	ne combination of subject	ts.		
• Please e-mail the completed app	olication form with "Ap	oplication Form" in the subject line to		
recruitment@sacredheartclonal	ilty.ie by	the closing date for applications.		
Application forms may also be po	sted to The Principal, Sa	acred Heart Secondary School, Convent		
Road, Clonakilty, Co. Cork, P85	K651	, the closing date for applications.		



Catholic Education An Idah Schools Trust (
School Roll Number: 62170b

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	55252515	TEACHING SUBJECTS			
ed with the Teaching Council in the	subject area for which	you are applying.)			
TEACHER COUNCIL RE	GISTRATION DETA	AILS			
	Renewal Date:				
	Conditions:				
PERSONAL	DETAILS				
	Name:				
	Date of Birth:				
	Email Address:				
	Mobile Phone#				
	TEACHER COUNCIL RE	PERSONAL DETAILS Name: Date of Birth: Email Address:			







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	GARDA VETTING DET	rails -				
Have you obtained Garda Clearan	Have you obtained Garda Clearance as part of Teaching Council Registration: Yes No					
	Please attach a copy of Garda Cle	arance lette	r.			
	EDUCATIONAL HIST	ORY				
	Primary Degree or Equivalent Q	ualification:				
Course Title						
College		Course Dura	ation			
Grade		Year of Awa	ard			
Subjects						
	Teacher Training Qualifica	ation:				
Course Title						
College		Course Dura	ation			
Grade		Year of Awa	ard			
Subjects				•		



Tel: 023 8833737 Fax: 023 8833908

> www.sacredheartclonakilty.ie admin@sacredheartclonakilty.ie



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	Other Qualifications:	
Course Title		
College	Course Duration	
Grade	Year of Award	
Subjects/Topics	<u> </u>	
Course Title		
College	Course Duration	
Grade	Year of Award	
Subjects/Topics		
Course Title		
College	Course Duration	
Grade	Year of Award	
Subjects/Topics		
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C	Continuous Professional Development



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List, with outline dates, any extracurricular activities in which you are, or have been, involved in during your teaching career
What are your own major hobbies, interests and achievements?







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AVAILABILITY						
	Is of any restrictions on to take up this post.					
	WORK REFERENCES					
	Work Reference 1		Work Refe	rence 2		
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						
Please list schools	that you have worked in, subjects/classes	taught including o	ther duties und	lertaken		







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Signed:
Print Name:
Date:



