



APPLICATION FORM FOR TEACHING POST

2024/25

NAME OF APPLICANT

POSITION ADVERTISED

Completed applications should also be sent to:

recruitment@whs.ie

You should write the title of the job (subjects) in the subject line of the email.

- This application form must be signed. Digital signature is acceptable or typed name.
- All questions must be answered.
- Do not change the question numbers or sequence.
- A letter of application is optional
- No CV should accompany this form.
- Use a minimum font size of 11
- Use a regular font type

In line with our Data Protection Retention Schedule Policy your application will be kept on file for 12 months from close of competition.

The recruitment process is subject to approval of the Redeployment Process. No offer of a post will be made until the redeployment panel is cleared



APPLICATION FORM FOR TEACHING POSTS 2024/2025

POSITION ADVERTISED

PERSONAL DETAILS

Name					
Home Address					
Email					
Mobile Phone Number					
Are you registered with the Teaching Council of Ireland?	Yes	Teaching Council Registration No:			
	<input type="checkbox"/>	Registration Renewal Date:			
	No	Subjects Registered to Teach:			
	<input type="checkbox"/>				
Sector Registered For:	Further Education	Post Primary	Registration Level:	Full	Conditional
				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Note: A candidate proposed for appointment to a teaching position will be required to be **currently** registered with the Teaching Council in accordance with Section 31 of the Teaching Council Act, 2001. **For new graduates** – Registration with the Teaching Council of Ireland and Garda Vetting will follow pending results of final exams. **A photocopy of your Teaching Council Registration Certificate which states the subjects you are registered to teach should be added to the end of the application form and submitted with this application.**

1. EDUCATION

PRIMARY DEGREE		HONOURS <i>(specify level e.g. 1.1; 2.1)</i>		YEAR OF AWARD	
UNIVERSITY/ COLLEGE:		PASS		LENGTH OF COURSE	
FINAL YEAR SUBJECTS:					

TEACHER TRAINING Please circle relevant qualification	H DIP	PME	PDGE	HONOURS <i>(specify level e.g. 1.1; 2.1)</i>		YEAR OF AWARD	
UNIVERSITY/ COLLEGE:				PASS		LENGTH OF COURSE	
Teaching Practice Grade (mandatory):							

MASTERS DEGREE (other than PME)		HONOURS <i>(specify level e.g. 1.1; 2.1)</i>		YEAR OF AWARD	
UNIVERSITY/COLLEGE:		PASS		LENGTH OF COURSE	

DOCTORATE		HONOURS (specify level e.g. 1.1; 2.1)		YEAR OF AWARD	
UNIVERSITY/COLLEGE:		PASS		LENGTH OF COURSE	

OTHER ADDITIONAL DIPLOMAS OR CERTIFICATES:

Up to a maximum of three. Any diploma/certificate listed must have been studied for a minimum of 30 hours or 12 weeks.

QUALIFICATION: HONOURS or PASS (specify level e.g. 1.1; 2.1)		AWARDING COLLEGE		YEAR OF AWARD	
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INSERVICE / CPD

Please list in order beginning with most recent in-service/CPD undertaken in the last 3 years, including dates and duration:

2. TEACHING EXPERIENCE:

SCHOOL / CENTRE (<i>Most Recent Employment First</i>)	FROM (MM/YY)	TO (MM/YY)	CONTRACT TYPE					
			P	F	ML	TP	OTHER	
Name								

Note: P = Permanent FX = Fixed Term ML = Maternity Leave TP = Teaching Practice

SUBJECTS AND LEVELS TAUGHT:

Subject Details	LC H	LC O	LCA	JC	TY	SEN
Please specify subjects taught during the last 3 years only. Please complete all sections for each subject.						
Subject A: <input type="text"/>						
Subject B: <input type="text"/>						

Subject C:

ICT AND SUBJECT CURRICULUM

Please give a brief account of your usage of ICT in your classroom practice.

For NQTs please outline your planned usage of ICT in teaching subject curriculum.

3. SCHOOL INVOLVEMENT/POST OF RESPONSIBILITY

Please give a brief account of any curriculum initiative or any other initiative that you have been involved in over the last 3 years.

For NQTs please give a brief outline of initiatives you might like to be involved with in school.

4. EXTRA CURRICULAR ACTIVITIES

Please give examples of extra-curricular activities you have been involved in within your school. Please include dates.

For NQTs please give examples of activities that you would like to promote.

Please give a brief account:

5. COMMUNITY INVOLVEMENT/VOLUNTEERISM/INTERESTS OUTSIDE OF SCHOOL

Dates		Name of Organisation	Status (If relevant)	Brief Description of Duties or Involvement
From (mm/yy)	To (mm/yy)			

6. PERSONAL STATEMENT (maximum 400 words)

7. REFEREES - to include your most recent employer/academic supervisor (not a relative). Please inform referees that you have nominated them.

	REFEREE NO. 1	REFEREE NO. 2
Name:		
Position:		
School/Business:		
Address:		
Mobile No.:		

8. PERSONAL DISCLOSURE

Wilson's Hospital School has a duty to satisfy itself that no employee poses a threat to students or staff. The school must, therefore, ask the following questions at recruitment stage:

Have you ever been convicted of a criminal offence and/or an offence related to Child Welfare?

YES

NO

Have you ever been the subject of an inquiry of investigation by the HSE/An Gardaí concerning a child welfare matter, or an investigation arising from a complaint/allegation of child abuse or wrongdoing towards a minor?

YES

NO

If you answer YES to either question above, please detail below the nature and date(s) of the investigation/offence(s):
(This box will enlarge as necessary)

9. GARDA VETTING

It is a requirement of Wilson's Hospital School that all existing and new appointees are subject to Garda vetting procedures.

Have you been Garda Vetted by the Teaching Council of Ireland

YES

NO

DATE:

If successful you will be required to complete the JMB Garda Vetting Process.

DECLARATION

I declare that the information given in this application is true and are correct. I understand and accept that Wilson's Hospital School reserves the right to verify any element(s) of particulars furnished in this application form and that the furnishing by me, of any incorrect or inaccurate particulars, will render me liable to disqualification from the application process/appointment.

Signed:

(if digital signature not available please type name)

Date:

CHECKLIST BEFORE SUBMITTING APPLICATION

Have you signed the application form?	
Have you noted the closing date for application?	
Have you used the correct address?	
Have you included your Teaching Council number?	
Have you included names of referees and their phone numbers ?	
Have you checked that there are no blank sections on your application?	
Have you carried out a spelling and grammar check?	

No CV should accompany this form.