



SCOIL POBAIL NA MAIGHNE

Moyne Community School

Moyne
 Co Longford
 049 4335114 (Tel)
 049 4335802 (Fax)
office@moynecs.ie

Secretary Board of Management/Principal: Mr Des Cullen

<i>For Official Use Only</i>	
Date Received	
Date of Interview	
Time of Interview	

Position for which you are applying	
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Personal Details		
Name		
Address		
Tel:	Mobile:	E-mail:
P.P.S. Number		
Present Position		
Name of Employer		

Qualifications	
Primary Degree	
Title of Qualification	
Level of Award	
University/Institute/College	
Year Awarded	
Duration of Degree course	
Degree Subject (final year)	
1 st Year Subjects	
Post Graduate Degrees	
Title of Qualification	
Level of Award	
University/Institute/College	
Duration of Degree course	
Subjects Studied	
Year Awarded	
PGDE / Higher Diploma in Education	
Level of Award	
Year Awarded	
University/Institute/College	
Subjects Studied	

Other Third Level Qualifications	
Title of Qualification	
Awarding Body	
Year of Award	
Subjects Studied	
Qualifications in Irish	

Teaching Council Registration									
Are you registered with the Teaching Council (Please Tick Appropriate Box)	Yes	No	Pending						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Please indicate your Registration Number	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Indicate subjects you are recognized to teach									
<i>Please attach copy of current Registration Certificate and Garda Vetting Clearance Letter</i>									

Employment Record				
Name of Education Authority/Body by which employed	From	To	Capacity <ul style="list-style-type: none"> • Part time • TWT • RPT • Permanent 	Weekly Contract/Contact hours in respect of PRPT (EPT) and Part time employment

State subjects taught during the above employment(s) including the courses and levels

Posts of Responsibility (if held)	
Duties of Post	

Other Relevant Experience/Employment			
From	To	Employer	Nature of Employment

Other Interests
Extra Curricular activities in which you have and/or would be prepared to be involved

Any other relevant information

A separate sheet may be attached to record additional information

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Please attach two written references and the names and details of two referees who may be contacted

Name		Telephone	
Address			
Name		Telephone	
Address			

I hereby certify that all the information provided on this application is true and correct

Signed	Date
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