Obair le Chéile	MONAGHAN COLLEGIATE SCHOOL APPLICATION FORM FOR TEACHING POSTS			Please insert a				
Flourish as Individuals					ort size graph			
Job Information								
Position applied for	Physical Educ	ation & Phy	ysics					
Hours	22 hours							
Additional Information	Ability to teach Religion and Science may be an advantage.							
Closing date of application.	30 th May 2022 at 12.00 noon							
Personal Details								
Name								
Home Address				bile pho nber	ne			
					e number			
	PPS No							
	Teacher Council Number							
School Details								
School Details								
Roll Number	64830E							
Chairperson	Rev Stephen McNie							
School	Monaghan Collegiate School							
Address	Corlatt, Monaghan							
County	Monaghan							
Eircode	H18 X027							
Patronage	Joint Church of Ireland & Presbyterian							
For Official use	Received by			Date	//		Time	

All information provided in this form is confidential to the Interview Selection Board. It will be held safe until the appointment process has been concluded, after which it will be destroyed.

_		ONS - MOST RECENT F		CCELL CANDIDATE MAN	W RE ACKED TO DRECE	NT ODICINAL
INCLUDE UNDER G	SKADUATE & PUS	T-GRADUATE QUALIFICATIONS. DOCU	JMENTS	SSFUL CANDIDATE MA	Y BE ASKED TO PRESE	NI ORIGINAL
Degree etc	Grade	Subjects	Awa	arding Body	Length of course	Year of Award
Teaching Qualification						
Qualification	Grade	Subjects	Awa	arding Body	Length of course	Year of Award
THER RELEVA	NT NON A		MOCT	DECENT FIRET		
JTHER RELEVA	NT, NON-AG	CCREDITED COURSES	- MOST	RECENT FIRST:		
OTHER RELEVAN	T EMPLOYME	NT EXPERIENCE - MOS	T RECEN	IT FIRST		
Employer/Project		Position	Position		Duties	
						From
						То
						From
						То

TEACHING EXPERIENCE - MOST RECENT FIRST *IF NEWLY QUALIFIED SEE BELOW								
PROBATED: YES NO								
School Name	Address	Subjec	ts taught	Dates				
				From				
				_				
				То				
				From				
				То				
		l						
*IF NEWLY QUALIFIED PLEASE INSERT TEACHING PRACTICE GRADES — MOST RECENT FIRST								
School Name	Address	Subjects	Dates	Grade				
		taught						
			From					
			То					
			From					
			То					
<u>'</u>			1					
POST(S) OF RESPONSIBILITY (IF APPLICABLE)— MOST RECENT FIRST								
School Name	Address		Position Held					
				From				
				T-				
				To From				
				110111				
				То				
AREAS OF SPECIAL INTEREST — CURRICULAR /OTHER								
Area	Area Expertise/Experience							
	L							

PLEASE INDICATE HOW YOU CAN CONTRIBUTE TO THE ETHOS OF THIS SCHOOL						
Not more than 150 words						
ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION						
ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION.						
Additional information (not already mentioned) to support your application. Not more than 150 words						

Please Note:

- 1. Please include at least one referee who knows you in a professional capacity
- 2. Please include at least one referee who knows you in a personal capacity
- **3.** Close relatives and friends should not be listed as referees
- **4.** As it is probable that referees will have to be contacted outside of school times, it is crucial that phone numbers at which referees can be contacted (three if possible) are given.

Please Note:

- 1. The application form must be sent to the School address provided in the advertisement.
- 2 Please submit **three copies** of this application form.
- 3 The completed form must arrive to the School address on or before the date and time as specified above.
- 4 This form may be completed electronically or in handwriting using black ink. It must be signed and submitted in hard copy only.
- 5 Canvassing will disqualify.
- 6 DO NOT
 - a. Enclose a separate letter of application.
 - b. Send a Curriculum Vitae with this form.
 - c. Enclose any certificates with this form. The successful candidate will be required to present original documents in relation to Teaching/other Qualifications prior to appointment.

Names & Contact Details of Referees						
Referee 1 (professional)		Referee 2 (personal)				
Name			Name			
Role			Role			
Address			Address			
Work Tel Number:			Work Tel Number:			
Home Tel Number:			Home Te			
Mobile Tel			Mobile Te	d		
Number:			Number:			
UNDERTAKING						
I certify to the Board of Management that the information provided herewith is true and correct.						
Signature				Date	/	