## **Scoil Dara**

Church Street, **Kilcock** 

Co Kildare

## **APPLICATION FORM**

info@s	scoildara.ie
www.s	coildara.ie
Fax:	01-6284075
Phone:	01-6287258

v.scoildara.ie	For Official Use Only:	Called To Interview:	
@scoildara.ie		Not Shortlisted:	
TITLE OF			
POST:			
PERSONAL DA	TA:		
Name:			
Address:			
Home Phone:	<b>Mobile Phone:</b>	Email:	
P.P.S. Number:			

## **QUALIFICATIONS:**

		Grade Awarded								
Award	Year of	SS	Honours			Awarding Authority	Name of University, Training			
(Degree, Diploma, etc.)	Award	Pas	2.2	2.1	1.1	Awarding Authority	College, I.T., College of Technology, etc., attended.			
(a)										
(b)										
(c)										

Length of Course(s) (a) \_\_\_\_\_ (b) \_\_\_\_ (c) \_\_\_\_

Subjects Taken in Course(s) and Examinations:

PRIMARY DEGREE					
First Year:					
Second Year:					
Other Year(s):					
Final Year:					

	Other Qualifications				Ð	يو ا	Gra	ade A	ward	ded					
			Year of	Full-time	Part-time	v	ноі	NOURS			Awarding Authority				
				Award	Full	Part-	PASS	2.2	2.1	1.		Awarding Additionty			
	Higher D	Higher Diploma in						'	-	,					
		n/Post-Grad	luate:												
	Dutention/1 ost Graduate.														
	Teaching (	Council Regis	stration Num	nber:											
	Indicate su	ubjects which	ı you are												
ΓΕ		d by Teaching <b>EXPERIE</b> I		teach:											
	From	То	Cat	tegory			Sc	cho	ol			Teachi	ng A	ctivity	
			(PWI, IV	VT, PRPT, PT)											
		OLOVATA:	<b>-</b> .												
ЭΤ	HER EMF	PLOYMEN	T:											ı	
			T:											I	
	HER EMF	PLOYMEN'	T:	Emple	oyer							lature of Emp	oloyn	nent	
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			T:	Emplo	oyer						<b>N</b>	lature of Emp	oloyn	nent	
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	From					ı may	use	e a se	epa	nrate			oloyn	nent	
	From	То				ı may	use	e a se	epa	nrate			oloyn	nent	
	From	То				ı may	use	e a se	epa	nrate			oloyn	nent	
	From	То				ı may	use	e a se	epa	nrate			oloyn	nent	
	From	То				ı may	use	e a se	epa	nrate			oloyn	nent	
	From	То				ı may	use	e a se	epa	nrate			oloyn	nent	
	From	То				ı may	' use	e a se	epa	nrate			oloyn	nent	

**PHONE NO** 

**MOBILE NO** 

NAME

ADDRESS:

DDRESS:		MOBILE NO	
	If appointed, I can take up duty on	(I	Date)
DECLAR correct.	ATION:In applying for this Post,I declare that	t the particulars give	n are
SIGNAT	URE:	DATE:	

PHONE NO

Please note if you have any special requirements, contact the school office (016287258)) and we will endeavour to facilitate you.

Scoil Dara is an equal opportunities employer

NAME

## APPLICANTS SHOULD NOTE THE FOLLOWING

- (a) Application form will be accepted up to closing date, Friday 24th July 2015, 5p.m. Late Applications will NOT be considered.
- **(b) Short-listing** may apply and candidates must be available for interview on the date specified.