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| Graphical user interface, text, application  Description automatically generated | **Brannoxtown Community National School****www.brannoxtowncns.ie****brannoxtowncns@kwetb.ie** | Chart  Description automatically generated with medium confidence |

Application Form

Maternity Leave Post: Special Education Teacher (SET)

Brannoxtown Community National School

Position advertised: 15 September - Closing date: 28 September

Start date: 01 November 2021

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| **Applicant’s Name**  |  |
| **Position applied for** | Maternity Leave, Brannoxtown CNS (Special Education Teacher, SET) |

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| **Roll Number** | 16817P |
| **Director of Schools** | Mr. Ken Scully, KWETB |
| **Chairperson** | Ms. Deirdre O’ Donovan |
| **School**  | Brannoxtown Community National School (CNS) |
| **Address** | Brannockstown, Kilcullen |
| **County** | Co. Kildare |
| **Eircode** | W91 NY67 |

**Please Note:**

1. The application form must be emailed to the address specified on [www.educationposts.ie](http://www.educationposts.ie):
* **bcnsrecruitment@kwetb.ie**
1. The completed form must arrive to the address on or before the date and time as specified in the advertisement:
	* **Tuesday, September 28th, 5pm.**
2. Canvassing will disqualify.

**DO NOT**

* 1. Send a Curriculum Vitae with this form. You may be asked to provide a CV at a later stage of the recruitment process
	2. Enclose any certificates with this form. The successful candidate may be required to present original documents in relation to Teaching/other Qualifications prior to appointment.

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| **For official** **use only** | Received By: | Date:  | Time: | Short listing score: |

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| **Personal Details** |
| **Name** |  |
| **Home Address** | **Mobile Telephone:** |  |
| **Other Telephone:** |  |
| **Teaching Council Registration:**  |  |
| **E-mail Address** |  |

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|  | \*Please insert teaching practice grades – if available |
|  | School Name | Address | Class(es) taught  | Dates | Grade |
|  |  |  |  | FromTo |  |
|  |  |  |  | FromTo |  |
|  |  |  |  | FromTo |  |

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| Teaching Experience - most recent first: Probated : Yes □ No □ |
| School Name | Address | Position held | Dates |
|  |  |  | FromTo |
|  |  |  | FromTo |
|  |  |  | FromTo |

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| Post(s) of Responsibility – Most recent first: |
| School Name | Address | Position held | Dates |
|  |  |  | FromTo |
|  |  |  | FromTo |
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| **Education Qualifications –** most recent first**:**Include under graduate & post-graduate qualifications. The successful candidate may be asked to present original documents |
| Qualification | **Awarding University, College or Institute** | **Overall Grade** | **Year of Award** |
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| Most relevant courses taken/Professional Development– most recent first:  |
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| Other Relevant employment experience - most recent first: |
| Employer/Project | Position | Duties | Dates |
|  |  |  | FromTo |
|  |  |  | FromTo |
|  |  |  | FromTo |

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|  **Areas of special interest – curricular /other** |
| Area  | Expertise/Experience |
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| **1. What is your understanding of the Community National School model? How does it differ from other patronage models?**Not more than 150 words. |
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| **2. Why are you applying for this position in a new, start-up primary school?** Not more than 150 words. |
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| **3. What planning and teaching strategies do you think are especially appropriate in a multigrade junior room setting?** Not more than 150 words. |
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| **4. How do you plan for and teach children with special needs? How do you differentiate your teaching for all children?** Not more than 150 words. |
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| **5. What are the most significant strengths and qualities that you would bring to this position?**Not more than 150 words. |
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| **6. Additional information to support your application.**Not more than 150 words. |
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| **Referees: Names & Contact Details****Note:**1. Please include at least two referees who know you in a professional capacity.
2. Close relatives and friends should not be listed as referees.
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| **Referee 1 (professional)** | **Referee 2 (Professional)** |
| Name  |  | Name |  |
| Role |  | Role |  |
| Address  |  | Address |  |
| Phone Number 1: |  | Phone Number 1: |  |
| Phone Number 2: |  | Phone Number 2: |  |
| Email: |  | Email: |  |
| **Referee 3 (professional)** | **Note:****If it is not possible for you to include your electronic signature below, please type your name and add the following statement underneath your name:***I enter my name electronically in place of my signature and I agree to be bound by the terms set-out herein.* |
| Name  |  |
| Role |  |
| Address  |  |
| Phone Number 1: |  |
| Phone Number 2: |  |
| Email: |  |
|

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |
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