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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 |
|  |  |  |  | From  To |  |
|  |  |  |  | From  To |  |
|  |  |  |  | From  To |  |

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

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| Post(s) of Responsibility – Most recent first: | | | |
| School Name | Address | Position held | Dates |
|  |  |  | From  To |
|  |  |  | From  To |
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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 |
|  |  |  | From  To |
|  |  |  | From  To |
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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. | | | |
| **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: |  |
| |  |  |  |  | | --- | --- | --- | --- | | Signature: |  | Date: |  | |  |  |  |  | | | | |