**Peter McVerry Trust Application Form**

TITLE OF ROLE/REFERENCE NUMBER: **Post Primary** **Teacher**

**PERSONAL DETAILS (BLOCK CAPITALS PLEASE)**

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| --- |
| Surname:**NAME:** |
| Contact Address: | Telephone Number: |
| E-mail address: |

To be considered for interview, when correctly completed, this form **must not** contain any gaps in your educational/employment history from date of school completion to the present date.

**PRESENT EMPLOYMENT**

|  |  |  |
| --- | --- | --- |
| Name, Address and Telephone number of Employer | Title of Role | Main responsibilities: |
|  | From: |
| To: |
| Current Salary: |

**PREVIOUS EMPLOYMENT**

|  |  |  |
| --- | --- | --- |
| Name, Address and Telephone number of Employer | Title of Role | Main responsibilities: |
|  | From: |
| To: |
| Name, Address and Telephone number of Employer | Title of Role: | Main responsibilities: |
|  | From: |
| To: |
| Name, Address and Telephone number of Employer | Title of Role | Main responsibilities: |
|  | From: |
| To: |
| Name, Address and Telephone number of Employer | Title of Role: | Main responsibilities: |
|  | From: |
| To: |

To include information about any additional employment/work experience, please complete below or attach additional information to your application. Please explain any gaps that may exist in your career/educational history:

**FURTHER CAREER/EDUCATION HISTORY/EXPLANATION OF GAPS**

|  |
| --- |
|  |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Schools | From | To | Examinations and results |
|  |  |  |  |
| College / University | From | To | Courses and results |
|  |  |  |  |
| Further education and formal training | From | To | Courses and results |
|  |  |  |  |
| Professional membership and qualifications: |

**INTERESTS AND ACHIEVEMENTS**

Please provide details of any interests and/or achievements which you have:

**REFERENCES**

|  |
| --- |
| Names and addresses of three referees: |
| Name:Organisation:Relationship to you:Address:Tel No:E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name:Organisation:Relationship to you:Address:Tel No:E-mail: | Name:Organisation:Relationship to you:Address:Tel No:E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please indicate if we may contact them prior to interview: YES/NO (please circle) |
|  |

**ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
| Where did you see this vacancy advertised? (please circle/highlight) | Peter McVerry Trust WebsiteFacebookTwitterLinkedInActiveLinkOther (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have a valid, clean driving license? | Yes / No (please circle) |
| If yes, what type of license:  | Full / Provisional (please circle) |
| Do you require a visa to work in Ireland? | Yes / No (please circle) |
| If yes, please provide further information: |
| Have you applied for a position with Peter McVerry Trust in the past? Yes / No (please circle)If Yes, position applied for and date of application: |

|  |  |
| --- | --- |
| Are you registered with the Teaching Council of Ireland? | Yes / No (please circle) |
| Teaching Council Registration No. |  |
| Subjects Registered to Teach |  |
| Which Sector are you Registered for? | Post Primary/Further Education (please circle) |
| Registration Level | Full/Conditional/Pending (please circle) |

Please insert a scanned copy/photo of your Teaching Council Registration Certificate with this application.

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| Are you available to work full-time \_\_\_\_\_\_\_ part-time \_\_\_\_\_\_\_\_ full/part-time \_\_\_\_\_\_\_\_\_ (Y/N)?How many hours can you work weekly (approx.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_Days/hours available to work (tick all that apply):No Pref \_\_\_\_\_\_\_\_\_\_ Thur \_\_\_\_\_\_\_\_\_Mon \_\_\_\_\_\_\_\_\_\_ Fri \_\_\_\_\_\_\_\_\_Tue \_\_\_\_\_\_\_\_\_\_ Sat \_\_\_\_\_\_\_\_\_Wed \_\_\_\_\_\_\_\_\_\_ Sun \_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| How much notice do you have to give your employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DECLARATION**

|  |
| --- |
| I declare that the information given is true and correct. I give my consent to my referees being contacted as indicated.Name ……………………………………… Signed …………………………………… Date ……………………..…… |

***Please note that Garda Clearance will be sought for successful candidates.***