



APPLICATION FORM FOR TEACHING POST

(To be filled in BLOCK letters only)

You will be required to present original documents in relation to teaching/other qualifications prior to appointment.

Office use only	Received by:	Date:	Time:
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	APPLICANT'S PERSONAL DETAILS					
Name (as per off record)	icial					
Correspondence with PIN Code	Address	Date of Bi	rth			
with Fin Code		Marital Sta	atus	Single / Marrie	ed / Divorced / Wie	dow / Separated
		Mobile Ph	one No			
		Landline	Phone No			
		E-mail Ad	dress			
			ard No.			
		PAN Card	Number			
Have you ever been yes, furnish details.	convicted? If					
			FAMILY D			
Relation	Na	me	Age	Education	Occupation	Dependent on You (Yes/No)
Father						
Mother						
Spouse						
Children						

DETAILS OF ACADEMIC QUALIFICATIONS - MOST RECENT FIRST

INCLUDE UNDER-GRADUATE & POST-GRADUATE QUALIFICATIONS. PLEASE INCLUDE ANY QUALIFICATIONS IN SPECIAL All information provided in this form is confidential to the Selection Board EDUCATION, IF APPLICABLE. THE SUCCESSFUL CANDIDATE WILL BE ASKED TO PRESENT ORIGINAL DOCUMENTS.

Qualification & Grade	Awarding University, College or Institute	Length of Course	Final results received: Day/Month/Year

TEACHING EXPERIENCE – MOST RECENT FIRST *IF NEWLY QUALIFIED, PLEASE GO TO NEXT PAGE							
School Name & Address	Position(s) held	From	То	Class(es) Taught	Subject(s) Taught	Medium	Total CTC PM

POST(S) OF RESPONSIBILITY HELD (E.G. ACADEMIC COORDINATOR/DEAN/HOUSE MASTER ETC.) – MOST RECENT FIRST

School Name	Address	Position(s) held	Key Responsibilities	Dates
				From:
				To:
				From:
				То:

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		From:
		To:
		From:
		To:
		From:
		То:

NEWLY QUALIFIED PLEASE INSERT TEACHING PRACTICE GRADES - MOST RECENT FIRST					
School Name	Address	Class taught	Dates	Grade	
			From:		
			То:		
			From:		
			То:		
			From:		
			То:		
			From:		
			То:		

ADDITIONAL QUALIFICATIONS E.G. ICT, CERTIFICATE TO TEACH RELIGION (IF APPLICABLE)					
College(s)	Qualification and Year	Modules Studied			

AREAS OF SPECIAL INTEREST - CURRICULAR/OTHER				
Area	Expertise/Experience/Specialism undertaken in College			

PLEASE INDICATE HOW YOU THINK YOUR EXPERIENCE/SKILL(S) CAN ASSIST IN THIS PARTICULAR POST NOT MORE THAN 100 WORDS

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PLEASE INDICATE HOW YOU THINK YOU CAN CONTRIBUTE TO THE ETHOS AND SUCCESS OF THIS SCHOOL NOT MORE THAN 100 WORDS

ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION NOT MORE THAN 150 WORDS				
Joining Time Required				
Salary Acceptable				

NAMES & CONTACT DETAILS OF REFEREES*					
Re	feree 1 (Current Employer)		Referee 2		
Name		Name			
Role		Role			

All information provided in this form is confidential to the Selection Board

Address		Address	
Mobile No		Mobile No	
	Referee 3		Referee 4
Name		Name	
Role		Role	
Address		Address	
Mobile No		Mobile No	

*Please Note:

- 1. Only those referees who know you in a professional capacity should be included. At least three referees to be given.
- 2. Close relatives and friends should not be listed as referees.
- 3. As it is probable that referees will have to be contacted outside of school times, it is crucial that phone numbers (preferably mobile numbers) outside of working hours, are given.
- 4. If the current employer (*where applicable*) is not named as a referee, the Selection Board reserves the right to seek a reference from the current employer.
- 5. The Selection Board in its sole discretion will determine the suitability of any reference. The Selection Board further reserves the right to seek from a candidate the names of additional referees.

I hereby declare that all the particulars furnished on this application form are true and correct to the best of my knowledge and that I am aware of the qualifications, requirements and particulars for this post.

Signature _____

Date _____