



Stratford College

Co-educational Secondary School

Principal: Patricia Gordon Deputy Principal: Siobhan Reynolds

APPLICATION FORM

Application forms should be completed in Times New Roman font size 12 and should not exceed 6 pages.

PERSONAL DETAILS

Full name:	
Address:	
Phone number:	Home:
	Mobile:
	Work:
E-mail:	

Teaching Council Registration Number (Please attach copy of your Confirmation of Registration Form)						
Subjects registered to teach up to Leaving Certificate level (Please attach evidence of subjects registered to teach)						

1. EDUCATION

Secondary Education

Please enter the information regarding Leaving Certificate or equivalent examination:

Subject taken	Level	Result



Stratford College

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Third Level Education

In the grid below please enter the exact title of each qualification, e.g., Bachelor of Arts, Bachelor of Education Degree, Postgraduate Diploma in Education, Master of Science, etc.

	Degree Qualification or Equivalent	Teacher Education Qualification	Other (e.g. Masters)
Title of qualification			
University attended			
Year awarded			
Subjects taken in final examination			
Duration of course			
Level of award (Results, e.g. 2. 1 Honours, Pass, GPA = 3.42.)			

2. FURTHER QUALIFICATIONS_ e.g. diplomas / certificates

Title:		Year:		Awarding body:	
Title:		Year:		Awarding body:	
Title:		Year:		Awarding body:	



3. TEACHING EXPERIENCE

Please list most recent employment first.

SCHOOL (Name & Address)	Status (e.g. PWT, CID, RPT)	Teaching commitment (Hours per week)	FROM (dd/mm/yy)	TO (dd/mm/yy)

4. SUBJECTS AND LEVELS TAUGHT

(please tick appropriate columns ✓)

SUBJECT	Leaving Cert	Level		TY	Junior Cert	Other
		H	O			

5. State Examinations Commission (SEC) Experience

Name & Level of Exam corrected	Year



6. Continuous Professional Development

Name of Course	FROM (dd/mm/yy)	TO (dd/mm/yy)

7. CO-CURRICULAR EXPERIENCE

Please outline any co-curricular and/or extra-curricular involvement you have had while working in a school.

SCHOOL	Nature of Activities /Role	FROM (dd/mm/yy)	TO (dd/mm/yy)

8. OTHER WORK EXPERIENCE

EMPLOYER	FROM (dd/mm/yy)	TO (dd/mm/yy)	Nature of Employment



9. INTERESTS & ACTIVITIES

10. ADDITIONAL INFORMATION

11. PERSONAL REFERENCES

Please supply the names and addresses of two referees with whom you have worked in a professional capacity and who may be contacted.

Name:		Tel.	(W)	
Address:			(M)	
		Email		

Name:		Tel.	(W)	
Address:			(M)	
		Email		



Declaration

I certify that the information provided herewith is true and correct and I have enclosed the following (please tick)

- Original application form with attachments
- Evidence of qualifications
- Evidence of Registration with the Teaching Council
- Evidence of Garda Vetting

Signature of Applicant.....

Date