



NATIONAL COUNCIL FOR SPECIAL EDUCATION

APPLICATION FORM FOR

VISITING TEACHER POST FOR CHILDREN WHO ARE DEAF/HARD OF HEARING

Applicant's Name				
Position(s) applied for (Clearly circle each of the positions you wish to be considered for).	CORK CITY / COUNTY	YES	/	NO
	DUBLIN / WICKLOW	YES	/	NO
	MAYO/ROSCOMMON	YES	/	NO
	MEATH (Immediately)	YES	/	NO
	NATIONALTEMPORARY PANEL	YES	/	NO

If applying for National Temporary Panel Position please state county preferences:			
1)	2)	3)	4)

Notes for Applicants

1. Completed application forms should be submitted as an e-mail attachment only no later than **5.00 pm on Thursday 21 JUNE 2018 to hr@ncse.ie**.
2. Late or incomplete applications will not be accepted.
3. Receipt of completed application forms will be acknowledged by email.
4. Only information submitted on the application form provided will be considered.
5. If you have a disability which requires reasonable adjustments at the selection interview, or which needs to be taken into account when considering your application, please let us know.
6. Canvassing, either directly or indirectly, will disqualify.

Please do not:

- a. Enclose a separate letter of application.
- b. Send a Curriculum Vitae with this form. You may be asked to provide one at a later stage of the recruitment process
- c. 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

Extra Support Required for Interview Attendee (please tick)

Soundfield System	Sign Language Interpreter
Wheelchair Access	Other

For official use only	Received By:	Date:	Time:
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PERSONAL DETAILS			
Name			
Home Address	Mobile Telephone No.		
	Home Telephone No.		
	PPS No.		
	Teaching Council Registration Number		
E-mail Address			
Drivers Licence	Full Licence	Learners Permit	

TEACHING EXPERIENCE - MOST RECENT FIRST			
School Name	Address	Position held	Dates

POST(S) OF RESPONSIBILITY – MOST RECENT FIRST			
School Name	Address	Position Held	Dates

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	Length of course	Year of Award

QUALIFICATION IN SPECIAL EDUCATION		
College(s)	Qualification and year	Modules studied

OTHER RELEVANT, NON-ACCREDITED COURSES – MOST RECENT FIRST:

OTHER RELEVANT EMPLOYMENT EXPERIENCE - MOST RECENT FIRST			
Employer/Project	Position	Duties	Dates

AREAS OF SPECIAL INTEREST – CURRICULAR /OTHER

Area	Expertise/Experience

PLEASE INDICATE HOW YOU CAN CONTRIBUTE TO THE WORK OF THE NCSE VISITING TEACHERS

NOT MORE THAN 150 WORDS

ADDITIONAL INFORMATION (NOT ALREADY MENTIONED) TO SUPPORT YOUR APPLICATION.

NOT MORE THAN 150 WORDS

Name & Contact Details of Referee 1	
Name	
Role	
Address	
Work Tel Number:	
Home Tel Number:	
Mobile Tel Number:	
Name & Contact Details of Referee 2	
Name	
Role	
Address	
Work Tel Number:	
Home Tel Number:	
Mobile Tel Number:	

Please Note:

1. Only those referees who know you in a professional capacity should be included. At least two names should be provided.
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.

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, as set out in the advertisement and other relevant documentation.

Signature of Applicant: _____

Date: _____