Application Form

(Teacher Fellowships)

Please submit this completed application form to hr.applications@dcu.ie

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| ABOUT THE VACANCY |
| POSITION APPLIED FOR |
| Job Reference Number\* | Job Title\* |
|   |   |
| THIS APPLICATION WILL BE TREATED IN STRICT CONFIDENCE |
|  |
| YOUR PERSONAL DETAILS |
| Title | Please select title | Please Specify: |   |
| Surname(s)\* |   | First Name(s)\* |   |
| Permanent Address\* |   |
| Contact Number\* |   |
| Email Address\* |   |
| Teaching Council Registration Number |   |
| \*\*Are you currently eligible to work in the Republic of Ireland? | Please enter Yes/No |
| *\*\*Please note that you will be required to prove eligibility to work in the Republic of Ireland as part of the recruitment process as it is a condition of employment with DCU that employees must be eligible to work in the Republic of Ireland.* |

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| Please indicate for which area/s of focus, are you applying? |
| [ ]  | Primary or post-primary teacher focusing on Anti-Bullying |
| [ ]  | Primary teacher focusing on Gaeilge |
| [ ]  | Post-primary teacher focusing on Gaeilge and/or Modern Foreign Languages |
| [ ]  | Primary teacher focusing on Arts Education  |
| [ ]  | Primary or Post-Primary teacher focusing on innovations in learning and teaching |
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| **EMPLOYMENT HISTORY** |
| **CURRENT EMPLOYER** |
| Employer\* | Nature of Business\* | Position\* | Commencement Date (MM/YY)\* |
|   |   |   |  MM/YY |
| Description of Duties and Responsibilities\* |
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| --- | --- |
| Current Salary\* | Benefits, Allowances and Pension Arrangements |
|   |   |
| **PREVIOUS POSITIONS** |
| From(MM/YY) | To(MM/YY) | Employer | Position Held | Reason for leaving |
|  MM/YY |  MM/YY |   |   |   |
|  MM/YY |  MM/YY |   |   |   |
|  MM/YY |  MM/YY |   |   |   |
|  MM/YY |  MM/YY |   |   |   |
|  MM/YY |  MM/YY |   |   |   |
|  MM/YY |  MM/YY |   |   |   |
| **ADDITIONAL INFORMATION**How do you meet the required criteria?.\* |
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| **Please outline further information that may help in assessing your application** Leisure time interests may be included here |
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| **Please outline your experience of innovative practice and curriculum leadership (max 300 words).**  |
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| **Please outline your experience of supporting and mentoring student teachers on placement and/or colleagues in the Droichead process (max 300 words).** |
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| **Please outline your experience of developing strong partnerships with families and communities (max 300 words).** |
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| **Please outline your experience of collaborative practice (max 300 words).** |
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| **Please outline your experience of leadership in a professional organisation or network - including subject or discipline association (max 300 words).** |
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| **Please outline your experience in the use of technology in teaching and learning and your capacity to deliver teaching online and support effective online learning (max 300 words).** |
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| ACADEMIC HISTORY |
| **HAVE YOU OBTAINED A PHD QUALIFICATION?\*** | **Please enter Yes/No** |
| *If yes, please include details below.* |  |
| Year Awarded | Education Institution | Subject |
|   |   |   |
| **ACADEMIC QUALIFICATIONS** |
| Higher Education Institution | From(MM/YY) | To(MM/YY) | Academic Qualification | Final Examination Results |
|   |  MM/YY |  MM/YY |   |   |
|   |  MM/YY |  MM/YY |   |   |
|   |  MM/YY |  MM/YY |   |   |
|   |  MM/YY |  MM/YY |   |   |
|   |  MM/YY |  MM/YY |   |   |
| **REFEREES** |
| Please list three persons from whom the University may request references on your behalf. They should be such as to be able to comment in detail on your career. Applicants must include their present employer or past employer (if not currently employed). |
| NAME – REFEREE ONE\* | NAME – REFEREE TWO\* | NAME – REFEREE THREE\* |
|   |   |   |
| Job Title\* | Job Title\* | Job Title\* |
|   |   |   |
| Institution / Organisation\* | Institution / Organisation\* | Institution / Organisation\* |
|   |   |   |
| Email Address\* | Email Address\* | Email Address\* |
|   |   |   |
| Contact Number\* | Contact Number\* | Contact Number\* |
|   |   |   |
| [ ]   | I give DCU my permission To contact this Referee\* | [ ]   | I give DCU my permission To contact this Referee\* | [ ]   | I give DCU my permission To contact this Referee\* |
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| **PERIOD OF NOTICE** |
| How soon after an offer of appointment would you be in a position to take up employment?\* |   |
| **ADVERTISING** |
| Where did you see this position advertised?\* |   |
| **DECLARATION** |
| [ ]   | I certify that all statements on this application are true without omission and understand that any misstatement given disqualifies my application or may result in dismissal if employed by the University. I fully recognise that canvassing disqualifies my application.\* |
| **PRIVACY NOTICE** |
| [ ]  | I have read and understand the [DCU Privacy Notice](https://www.dcu.ie/info/information-dublin-city-university-privacy-statement-0)\* |
| \*If required fields are not completed, your application will not be considered\*[ ]  |
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