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| APPLICATION FOR SUBSTITUTE YOUTHREACH RESOURCE PERSON POOL **To cover short-term/substitute work in Youthreach Centres on a casual basis****Applications will be accepted throughout the year.****Completed application forms to be emailed to:** **vacancies@wwetb.ie****Alternatively, application forms can be sent by post to: Recruitment Section, HR Department, Waterford and Wexford ETB, Ardcavan Business Park, Ardcavan, Wexford.** **Please note that all areas of the application form must be fully completed giving as much detail as possible of your skills, abilities and experience.** We would appreciate it, as we have provision across Waterford and Wexford, if you could indicate below, which Youthreach Centre(s) you would be interested in working in.

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| --- | --- | --- | --- |
| **Dungarvan Youthreach** |  | **Enniscorthy Youthreach** |  |
| **Gorey Youthreach** |  | **New Ross Youthreach** |  |
| **Subla Centre, Waterford** |  | **Tramore Youthreach** |  |
| **Waterford Youthreach** |  | **Wexford Youthreach** |  |

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| **Are you registered with the Teaching Council** | **Yes** |  | **No** |  |
| **It is not a requirement to have a Teaching Council Number to work in Youthreach Centres, however, if you have a Teaching Council number, please include below:** |
| **Teaching Council Registration Number:** |  |
| **Registration valid until (date):** |  |
| **Subjects Qualified to Teach (as verified by Teaching Council):** |  |
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| **Are you currently on career break?** |  |
| **Have you availed of the Incentivised Scheme for Early retirement (ISER)?** |  |
| **Are you in receipt of a state pension?** |  |
| **Have you retired from Teaching Service?** | Yes |  | No |  | If retired under Strand 1, 2 or 3 please specify: |

 |

1. **Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Work No:** |  |
| **Address for** |  | **Mobile No:**  |  |
| **Correspondence:** |  | **Home No:** |  |
|  |  | **Email:** |  |

1. **Current or Most Recent Appointment**

Are you currently employed by Waterford and Wexford ETB? Yes No

If **yes**, complete section below

|  |  |
| --- | --- |
| **Department/school/ adult education centre/programme** | **Title of Post** |
|  |  |
| **Nature of work including subjects and levels taught** | **Starting date** |
|  |  |

Are there any restrictions on your right to work in Ireland

Yes: No:

If yes, please give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Teaching/Tutoring/Facilitation Experience**

Please list all your previous relevant appointments. This should also include voluntary and temporary work. Continue on a separate sheet if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates employed From/To** | **School/Centre/****Programme** | **Position held (Please state hours)** | **Nature of work including subjects & levels taught** |
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| **List additional subjects/modules you can deliver (not listed above)** |
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| **Other Relevant Experience:** |
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1. **Details of Qualifications**

You are requested to submit your original Degree and H. Dip. parchments and transcripts with this application form which will be returned to you in due course.

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| --- |
| **Title of Degree**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_ Pass Honours  |
| **Subjects Taken** |
| **First Year Subjects** | **Results** | **Final Year Subjects** | **Results** |
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| Duration of Course of Study 2 yrs 3 yrs 4 yrs other (please specify)Please specify whether full-time part-time study |
| **Higher Diploma in Education (or equivalent)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year Obtained: \_\_\_\_\_\_\_\_\_\_\_\_\_ Pass Honours  |
| **Other Qualifications held** | **Course Title** | **Year of Award** | **Pass or Honours** | **College** |
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| **Any other information in regard to qualifications:** |
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**Have you completed the TUSLA Children First Training**

**Please Tick**

**Yes:  No: **

**If yes, please attach certificate. If no, please follow the link to complete the course and attach certificate** [**http://childrenfirstuniversal.hseland.ie/**](http://childrenfirstuniversal.hseland.ie/)

**7. Details of Referees**

Please give the names and **full addresses** of two referees from whom Waterford and Wexford ETB can request references on your behalf. One should be a recent employer. Both referees should have been in a position of responsibility within the employing organisation(s). They must not be related to you, or be known to you only as a friend. [Please note: your referees will be contacted without further communication with you – if you do not provide full addresses we will not be in a position to process your application]

|  |  |
| --- | --- |
| **1st Referee** | **2nd Referee** |
| **Name:** |  | **Name:** |  |
| **Organisation Name:**  | **Organisation Name:** |
| **Address:** | **Address:** |
|  |  |
| **Telephone No./Ext & Email Address** | **Telephone No./Ext & Email Address** |
|  |  |
| **Position Held:** |  | **Position Held:** |  |
| **Your work connection with this referee** | **Your work connection with this referee** |
|  |  |
| **If you were known by another name when employed please specify:** | **If you were known by another name when employed please specify:** |
|  |  |
| **Dates of employment to/from (if applicable)** | **Dates of employment to/from (if applicable)** |
|  |  |

**8. Declaration**

**Please read before signing this application form**

The accuracy of information provided may be checked with other organisations. Provision of false or misleading information may amount to a criminal offence. WWETB may obtain from or provide information to third parties for the purposes of the detection and prevention of crime.

The organisation may data match information it holds about its employees for the prevention and detection of crime.

I declare that the information I have provided is true and accurate and that I have not omitted any material facts. I accept that the offer of employment is conditional on the provision by me of true, accurate information with no material omissions.

I give my consent to WWETB making such reasonable enquiries as it sees fit in respect of my application.

I accept that once I have commenced employment, Waterford and Wexford ETB will be entitled to terminate my contract without notice or withdraw the offer of employment if information in this application is untrue or inaccurate or if there are material omissions from it.

**I have attached the following:**

Teaching Council Confirmation of Registration Form (if held)

Children First Training Certificate

Before signing this form, please ensure that you have replied fully to all questions asked.

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |

**Completed application forms to be forwarded to:** **vacancies@wwetb.ie**

**Recruitment Section, HR Department, Waterford and Wexford ETB, Ardcavan Business Park, Ardcavan, Wexford.**

**Garda Vetting will take place prior to offer of employment.**

###### Waterford and Wexford Education & Training Board is an equal opportunities employer