

**APPLICATION FORM –SUPERVISOR**

**1. Your Details:**

|  |  |
| --- | --- |
| **Name:**  (Typed or Block Caps.) |  |
| **Address:** |  |
| **Mobile Number:** |  |
| **Alternative contact no.** |  |
| **Email Address:** |  |

**2. Please outline any relevant experience:**

**3. Please supply details of two Referees:**

***Referee 1:***

|  |  |
| --- | --- |
| Name of Referee: |  |
| Address of Referee: |  |
| Occupation of Referee: |  |
| Your relationship with Referee 1: |  |
| Phone Number of Referee: |  |
| Email Address of Referee: |  |

***Referee 2:***

|  |  |
| --- | --- |
| Name of Referee: |  |
| Address of Referee: |  |
| Your relationship with Referee 2: |  |
| Phone Number of Referee: |  |
| Email Address of Referee: |  |

**Note:** Any offer of employment will be subject to the school receiving a satisfactory Garda vetting disclosure **prior** to employment. Please complete the NVB 1 Vetting Invitation Form and provide identification documents to the school as per attached Guidelines.

Have you ever been investigated by the Gardaí, TUSLA, or your employer in relation to complaints made concerning your treatment of children?

YES ☐ NO ☐

Are there any restrictions on your right to work in this country? YES ☐ NO ☐

If yes, please give details. ………………………………………………………………………………………….

………………………………………………………………………………………………………………………………….

I understand that any false or misleading information submitted by me in relation to my application for a position or my continuing employment with the LCETB will render me liable to automatic disqualification or render me liable to dismissal, if employed.

Please return to the school of your choice by email or post immediately along with supporting documentation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPERVISORS PANEL – C.L. 0053/20**

**POST PRIMARY SCHOOLS - LIMERICK AND CLARE EDUCATION AND TRAINING BOARD**

**PLEASE LIST THE SCHOOL(S) IN ORDER OF PREFERENCE IN WHICH YOU ARE WILLING TO WORK AS A SUPERVISOR**

**(1 = most desirable)**

**Name:** ……………………………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
|  |  | Indicate Preference  1, 2, 3 etc. |
| 1 | **Coláiste Íde agus Iosef, Abbeyfeale, Co. Limerick** |  |
| 2 | **Coláiste Mhuire, Askeaton, Co. Limerick** |  |
| 3 | **Castletroy College, Limerick** |  |
| 4 | **Coláiste Chiaráin Croom, Co. Limerick** |  |
| 5 | **Hazelwood College, Dromcollogher, Co. Limerick** |  |
| 6 | **Ennis Community College/Gaelcholáiste an Chláir, Co. Clare** |  |
| 7 | **Ennistymon Vocational School, Co. Clare** |  |
| 8 | **St. John Bosco Community College, Kildysart, Co. Clare** |  |
| 9 | **St. Joseph’s Community College, Kilkee, Co. Clare** |  |
| 10 | **St. Anne's Community College, Killaloe, Co. Clare** |  |
| 11 | **Coláiste Iósaef, Kilmallock, Co. Limerick** |  |
| 12 | **St. Michael's Community College, Kilmihil, Co. Clare** |  |
| 13 | **Gaelcholáiste Luimnigh** |  |
| 14 | **Mungret Community College, Limerick** |  |
| 15 | **Desmond College, Newcastle West, Co. Limerick** |  |
| 16 | **Coláiste na Trócaire, Rathkeale, Co. Limerick** |  |
| 17 | **Scariff Community College, Co. Clare** |  |
| 18 | **Thomond Community College, Limerick** |  |

**Mobile No**.: ……………………………………………………………………………………………..