**Scoileanna Ildánacha/Creative Schools**

**Teacher Creative Associate Application Form**

**Notes for Applicants**

1. Completed application forms should be submitted as an e-mail attachment to creativeschools@artscouncil.ie by **5pm, 5 March, 2018.**
2. Late or incomplete applications will not be accepted.
3. Receipt of completed application forms will be acknowledged.
4. Only information submitted on the application form provided will be considered. CV’s will not be accepted.
5. If you have a disability which requires reasonable accommodation at the interview please let us know.
6. Canvassing, either directly or indirectly, will disqualify.

|  |  |  |
| --- | --- | --- |
| **Office Use Only** | **Date Received** |  |
|  | **Application Number** |  |

**Please identify the region(s) in which you are willing to work in order of preference with 1 being the most preferred location, 2 being the second preference etc. It is not necessary to identify all regions, only those in which you are willing to work. By selecting a region you are committing to working and travelling to schools and other locations within those regions. It is expected that your first preference will be the region in which you live or work.**

|  |  |
| --- | --- |
| **REGIONS** |  |
| 1 | Cavan, Donegal, Leitrim, Monaghan, Sligo |   |
| 2 | Mayo, Roscommon, Galway |   |
| 3 | Laois, Longford, Offaly, Westmeath |   |
| 4 | Kildare, Louth, Meath, Wicklow |   |
| 5 | Dublin |   |
| 6 | Carlow, Kilkenny, Wexford, Waterford |   |
| 7 | Cork, Kerry |  |
| 8 | Clare, Tipperary, Limerick |  |

**Section 1 Personal Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Teaching Council Registration No.** |  |
|  |  |
| **Telephone Numbers** | **Home:**  | **Mobile:**  |
| **E-mail** |  |

**Section 2 Specialist knowledge and skills, including contribution the wider skill-set of the team**

**2A. Third-level qualifications** Please provide details of any third-level qualifications, including post-graduate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year(s)** | **Title** | **Major Subject(s)** | **Awarding Body** | **Grade Obtained** | **NFQ Level** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**2B. Other relevant qualifications and training** Please provide details of other relevant qualifications you hold and of training or professional development programmes you have undertaken which are relevant to the delivery of Creative Associate services.

|  |
| --- |
|  |

**2C. Employment or professional experience** Please briefly note your relevant employment history, beginning with your current/most recent role.

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Name of organisation/school** | **Position Held** | **Employment Status**(indicate full-time/part-time; self-employed; etc.) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2D. Arts in schools and creative approaches** Outline your knowledge and/or experience of using the arts in school and of creative approaches to teaching and learning (max 100 words).

|  |
| --- |
|  |

**2E. Arts and creative facilitation** Outline your experience facilitating arts and creative activities with children and young people outside of formal education settings ; including arts, cultural, creative and other settings(max 100 words).

|  |
| --- |
|  |

**2F. Quality of artistic or creative practice** Please describe your artistic or creative practice. Insert any links to examples of your work. (max 150 words).

|  |
| --- |
|  |

**Section 3 Capacity to Manage and Deliver Required Services**

**3A. Leadership, management, organisational and project management skills** Provide relevant examples of these areas in action. Outline how your experience and skills in these areas could be applied to the role of Creative Associate (max 150 words).

|  |
| --- |
|  |

**3B. Communication and partnership skills** Briefly outline how your communication skills have been applied in the context of past and/or current employments. Outline how your experience and skills in this area could foster and build partnerships between schools and other relevant arts practitioners and organisation/s (max 150 words).

|  |
| --- |
|  |

**3C. Knowledge of arts and cultural provision** Outline your knowledge and/or experience of local and national arts provision and how you would use this in your role as Creative Associate(max 100 words).

|  |
| --- |
|  |

**Section 4 Additional Requirements for Delivery of Specific Services**

**4A. Competency in Irish language** Please indicate by ticking (√) as appropriate.

|  |
| --- |
|  **Very good: Good: Fair: Poor:** |
| **Please comment on your experience of / willingness to work through the medium of Irish.**  |

**4B. Experience in special education** Outline any experience you have working in special education.

|  |  |
| --- | --- |
| **Setting type** | **Details** |
|  |  |
|  |  |
|  |  |

**Section 5 References**

Please give details of two people from whom references may be obtained (one of whom should be your current school principal). Under ‘relationship to applicant’ please note in what capacity the individual has been identified to act as a referee.

|  |  |
| --- | --- |
| **1. Referee’s Name** |  |
| **Position** |  |
| **Address** |  |
| **Telephone Numbers** |  |
| **E-mail Address** |  |
|  |  |
| **2. Referee’s Name** |  |
| **Position** |  |
| **Address** |  |
| **Telephone Numbers** |  |
| **E-mail Address** |  |

**Please include evening and daytime contact numbers.The Arts Council reserves the right to request additional or alternative referees if deemed appropriate.**

**Section 8. Declarations**

**Once all the relevant sections of this Application Form are complete please fill out the table below.** Please tick (√) the relevant boxes.

|  |  |
| --- | --- |
| I hereby confirm that I am a fully qualified teacher registered with the Teaching Council and working in a Department of Education and Skills sanctioned post in a recognised school. |  |
| I hereby confirm that I have at least five years relevant experience which includes two years working as a teacher in the classroom and I have an arts or creative practice.  |  |
| I understand that if selected to deliver Creative Associate Services, I must be available to participate in a two-day induction programme in Dublin in **September 2018**. |  |
| I understand that if selected, I must be available to deliver Creative Associate services during **2018** and **2019**, subject to ongoing approval from my school’s Board of Management**.** |  |
| I understand that if selected, I will be required to deliver services to schools and in other locations in the regions I have identified and I have the capacity to meet this requirement. |  |
| I hereby certify that all information provided on this application form is true and correct. |  |
| **Print Name**  |
| **Signature** |
| **Date** |

**Thank you and please return the completed Application Form to:** creativeschools@artscouncil.ie by **5pm, 5 March, 2018**.