SPECIAL CHARACTER POSITION FORM

Schedule 6, Clause 47, Education and Training Act 2020 (Previously – Education Act 1989, Section 464)

APPLICATION FOR A POSITION RELATED TO SPECIAL CHARACTER IN A CATHOLIC SCHOOL

A. POSITION BEING APPLIED FOR

B. PERSONAL

Position: (please circle position applying for)					
Cl 47 (a): Principal	CI 47 (b): Director of Religious Studies	CI 47 (c): Other teaching position			
School:					
Address:					

Fire	st Names:		
Su	rname:		
Ad	dress:		
Re	ligion:		
Tel	lephone Number Day:	Evening:	
e-n	nail:		
C. <u>I</u>	PARISH		
1.0	Are you a member of a Catholic pa If yes, name and address of parish	•	Yes No
2.0	Are you involved in parish ministry Hospitality, Service, Liturgy) If yes, name of Ministry or Service		Word, Eucharist, Yes No
Qua	QUALIFICATIONS OR COURSES (See Notes) alification/Course Attended clude your Certification for Teachers	IN RELIGIOUS EDUCATION A	
in C	Catholic Schools if applicable)		

Duplicate and attach relevant CV material or certificates etc as appropriate.

3.0	If you are a beginning teacher, were you associated with a Catholic school as part of				
	your practice teaching professional training?	Yes	\Box	No	
	If yes, name and address of school(s):				
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E. <u>PREVIOUS TEACHING EXPERIENCE RELATED TO THE SPECIAL</u> <u>CHARACTER OF A CATHOLIC SCHOOL</u>

Position	School	Year Level	From	То

F. OTHER QUALIFICATIONS & EXPERIENCE RELEVANT TO THE SPECIAL CHARACTER OF A CATHOLIC SCHOOL (See Notes)

G. CATHOLIC CHARACTER REFEREES Please provide three referees. At least one referee must be a priest, ethnic chaplain or lay pastoral leader who is familiar with your religious practice. (See <u>note</u> on referees.)

1	Name	Phone: Day	
	Address	Night	
		Mobile	
	Email		
2	Name	Phone: Day	
	Address	Night	
		Mobile	
	Email		

3	Name	Phone: Day			
Address		Night			
		Mobile			
	Email				

I acknowledge and accept that the information I have supplied will be used by the Proprietor (Board of Trustees in secondary schools) in terms of Education and Training Act 2020, Schedule 6, CI 47 to assess my **acceptability** for the position as defined in the Act, and also by the Board of Trustees to determine my **suitability** for the position as defined in the Act. I have read the information in this document that explains acceptability.

Signed:	Date:
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