**South Dublin County Partnership**

### **Confidential APPLICATION FORM Tutor & Facilitator- Panel**

**PERSONAL:**

**Surname**

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**First Name(s)**

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**Address for Correspondence**

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**Telephone No Mobile No**

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**PPS Number Tax Clearance Number**

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**E -mail address:**

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**EDUCATIONAL QUALIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification** | **Academic Institution** | **Dates of study** | **Final Examination Subjects & Results** |
|  |  |  |  |
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**EXPERIENCE IN TUTORING/FACILITATING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | | **Name and address of employer** | **Name of Programme Delivered** | **QQI (FETAC)modules delivered {Level 1-6} (if applicable)** |
| **From** | **To** |  |  |  |
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**OTHER RELEVANT WORK EXPERIENCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dates** | | **Name of Employer** | **Address of Employer** | **Nature of Work** | **Position Held** |
| **From** | **To** |  |  |  |  |
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**IN-SERVICE COURSES/ TRAINING/ WORKSHOPS**

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| --- | --- | --- | --- | --- |
| Dates | | **Title of Course** | **Name of Organisers** | **Nature of Award** |
| **From** | **To** |  |  |  |
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| **QUESTIONNAIRE:** | **Please answer the questions with illustrations from your previous experience.** |
| 1. **Outline your approach to teaching young people and adults (as applicable)** |  |
| 1. **Describe your understanding of barriers to participation for learners in community education** |  |
| 1. **Briefly outline your experience in designing and delivering programmes** |  |
| 1. **Set out the factors that you consider necessary for successful teaching/tutoring/ facilitating/ learning** |  |
| 1. **Describe your approach to ensuring learning outcomes are achieved.** |  |
| 1. **Briefly outline your experience of working with people/organisations, specifically disadvantaged communities** |  |

**PLEASE INDICATE IN WHICH LOCATION(S) YOU ARE WILLING TO WORK**

**Tallaght Clondalkin**

**AVAILABILITY**

**DAY EVENING**

**IF APPOINTED PLEASE INDICATE THE EARLIEST DATE AT WHICH YOU WOULD BE AVAILABLE TO TAKE UP DUTY:**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Garda Clearance is a requisite for positions with South Dublin County Partnership when working with young people or vulnerable persons.**

**If appointed, are you prepared to seek Garda Clearance? Yes No**

**INCLUDE ANY FURTHER RELEVANT INFORMATION IN SUPPORT OF YOUR APPLICATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAMES OF TWO REFEREES (one, if possible, relating to your work experience)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Name and Address of Organisation** | **Telephone No** | **Position Held** |
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**I certify that the above information is correct:**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**