

## Instructional Leadership Facilitator Primary Sector Application Form



## Only typed applications will be accepted

Please note no additional documentation must accompany this application.

Personal Details:		
Name:		
Home Address:		
Contact Telephone		
Number:		
Email address:		
Qualifications:		
Tooching Functions	Cabaal	Datas
Teaching Experience:	School:	<u>Dates:</u>
Relevant Non-		
Teaching Work		
Experience:		
<b>Current Employment</b>	Details:	
School of Employment:		
School Address:		
Chairperson of Board		
of Management:		
Principal:		
Telephone Number:		
Email Address:		

List relevant the Programmes of Professional Development you have completed		
Programme:	Dates:	Certifying Body (if applicable):
Use this space to our application.	tline any additional information wis	h to share in support of your
аррисаціон.		

Outline a task/situation you were involved in that demonstrates your Instructional Leadership Skills. Include detail of your role and the outcome of your actions. (300 words maximum)	

Outline a task/situation you were involved in that demonstrates your Communication Skills. Include detail of your role and the outcome of your actions. (300 words maximum)	

Outline a task/situation you were involved in that demonstrates your Leadership in School Development. Include detail of your role and the outcome of your actions. (300 words maximum)	

Outline a task/situation you were involved in that demonstrates your Organisational Leadership Skills. Include detail of your role and the outcome of your actions. (300 words maximum)	
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Outline a task/situation you were involved in that demonstrates your skills in leading	
people and teams. Include detail of your role and the outcome of your actions. (300 words maximum)	

Outline a task/situation you were involved in that demonstrates you are self-aware.		
Include detail of you manage yourself.		
(300 words maximum)		

Referees:		
Professional:	Character:	
Name:	Name:	
Email Address:	Email Address:	
Contact Telephone Number:	Contact Telephone Number:	
Authorisation:		
I authorise the submissions of this application and understand that if the applicant is successful s/he will be absent from the school for five days in October 2018, five days in March 2019 and one day in May 2019. I am aware that substitution will be available for the eleven days.		
Signed: Date: / / Chairperson BOM/Principal		
Declaration:		
Signed:	Date:	
	/ /	