



APPLICATION FORM

National Association of Principals and Deputy Principals (NAPD)

**APPLICATION FOR POSITION OF
DEPUTY DIRECTOR**

Name: _____

Completed application form to be returned to:

Mr Kieran Golden,

President

National Association of Principals and Deputy Principals

11 Wentworth, Eblana Villas

Grand Canal Street Lower

Dublin 2

Closing date for receipt of applications:

Wednesday 12 December 2018

No later than 1.00 pm

APPLICATION FORM

1. PERSONAL

1.1 Full Name: _____

Full Address: _____

Telephone (Private Number) Day: _____

Home: _____ Mob: _____

Present Position held and where employed _____

2. ACADEMIC, PROFESSIONAL OR TECHNICAL QUALIFICATIONS

Degree/Qualifications (and date obtained)	Grade obtained	Subjects in final examination	University/ Institution/ Examining Body

3. EMPLOYMENT RECORD

Dates		Position	Employer
From	To		

4. PROFESSIONAL DEVELOPMENT

Please outline any professional development undertaken by you

Year/Date	Programme/Course	Institution attended

5. Interpersonal, Negotiating and Communication Skills

A. Give examples of situations where you were called on to use these skills

B. How would these skills be used to good effect in your role as Deputy Director of NAPD?

6. Leadership, Organisational and Administrative Skills

A. Give a brief outline of occasions on which you were required to demonstrate these skills

B. As Deputy Director of NAPD how and where would you envisage using these skills?

7. Policy Development

A. Outline how the school environment has energised you to identify and develop relevant policies

B. How would you initiate, influence and develop policy at national level?

8. How do you envisage the development of the Irish education system over the next five years?

9. Additional information

If you wish to submit additional relevant information in support of your application for the position of Deputy Director please outline it below

10. Please supply the name and addresses of two referees

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Please note that referees will not be contacted without giving prior notice to the applicant.

11. The National Executive of **NAPD is obliged to request that you complete the following section.**

Do you agree to the Executive seeking a certificate from the Garda Síochána to the effect that you have not been the subject of any investigation, prosecution or conviction relating to physical or sexual abuse of children?

I certify to the National Executive of **NAPD** that the information given in this application form is true and accurate.

Signature of applicant: _____ date: _____