# 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

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

## B. PERSONAL

| | |
|---|---|
| First Names: | |
| Surname: | |
| Address: | |
| Religion: | |
| Telephone Number Day: | Evening: |
| e-mail: | |

## C. PARISH

1.0 Are you a member of a Catholic parish community? Yes ☐ No ☐

If yes, name and address of parish:

.....

2.0 Are you involved in parish ministry? (eg. Youth Ministry, Ministry of Word, Eucharist, Hospitality, Service, Liturgy) Yes ☐ No ☐

If yes, name of Ministry or Service

.....

## D QUALIFICATIONS OR COURSES IN RELIGIOUS EDUCATION AND/OR THEOLOGY
(See Notes)

| Qualification/Course Attended (Include your Certification for Teachers in Catholic Schools if applicable) | Institution and Year |
|---|---|
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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 ☐ No ☐

If yes, name and address of school(s):

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.....

## E. PREVIOUS TEACHING EXPERIENCE RELATED TO THE SPECIAL CHARACTER OF A CATHOLIC SCHOOL

| Position | School | Year Level | From | To |
|---|---|---|---|---|
| | | | | |
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## F. OTHER QUALIFICATIONS & EXPERIENCE RELEVANT TO THE SPECIAL CHARACTER OF A CATHOLIC SCHOOL (See Notes)

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**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 note 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, Cl 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: …….