

**Music Generation Laois**

Music Education Professional Submission Form

REF: MUS11602

This Submission form, when completed, should be returned to: Rosa Flannery by email to rflannery@laoiscoco.ie

**Submissions must be received no later than 5pm,** **Monday 29 of August 2016**

**PERSONAL DETAILS**

**NAME IN FULL**

(Block letters)

**POSTAL ADDRESS**

(Block letters)

|  |  |
| --- | --- |
| **Home Telephone Number:** |  |
| **Mobile Telephone Number:** |  |
| **Email Address:** |  |
| **PPS Number:** |  |

**QUALIFICATIONS AND TRAINING:**

**DETAILS OF GENERAL EDUCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SECOND LEVEL  SCHOOLS/COLLEGES ATTENDED | FROM  (State Dates) | TO  (State Dates) | EXAMS | YEAR | PASS/  HONS |
|  |  |  |  |  |  |

**THIRD LEVEL/ FURTHER EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| DEGREE, DIPLOMAS, ETC... | GRADE OBTAINED (e.g. Pass; 2.2; 2.1; 1; etc.)  Please give results for each subject taken in final exam. | UNIVERSITY, COLLEGE OR EXAMINING AUTHORITY | YEAR IN WHICH DEGREE/QUALIFICATION WAS OBTAINED |
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**Membership of Professional Institutions:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANY ADDITIONAL QUALIFICATIONS OR TRAINING UNDERTAKEN (not listed above):**

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|  |

**Any notes you may wish to make on qualifications:**

### RELEVANT EXPERIENCE:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer:** | From: | To: | **Hours Per Week:** | **Post Held & Nature of Duties:** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**ANY OTHER RELEVANT INFORMATION:**

Skills and experience acquired outside of work can sometimes be just as relevant as those gained in the workplace, e.g. working with voluntary organisations, youth groups etc.

Please include details of such activities if you feel they are relevant to your application:

|  |  |  |
| --- | --- | --- |
| **Organisation/Group:** | **Your role/involvement:** | **Skills/knowledge acquired from your role/involvement:** |
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**Other information which you may consider relevant:**

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REFEREES

**Please give the name of two referees from who Music Generation Laois can request references on your behalf. One should be a recent/current employer where applicable. Referee should not be related to you.**

Please note: your referees may be contacted without further communication to you

|  |  |
| --- | --- |
| ***Name:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Address:***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | ***Name:*** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Address:***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

**DECLARATION**

I, THE UNDERSIGNED, HEREBY DECLARE, ALL THE FOREGOING PARTICULARS TO BE TRUE

SIGNATURE OF APPLICANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_