

TEASTAS i dTEAGASC CEOLTA TÍRE (TTCT)**APPLICATION FORM**

Name: _____

Address: _____

Date of Birth: _____

Phone Number: _____

Mobile Phone: _____

Email: _____

Teaching Experience:

a) **Number of years** _____

b) **Hours per week** _____

c) **Number of students** _____

d) **Class sizes** _____

e) **Levels of ability** _____

(Beginners / Improvers / Advanced)

f) **Teaching Centre:**

- **National School**
- **Secondary School**
- **House / Private Residence**
- **Comhaltas Branch Centre**

g) **On which instrument are you most competent?** _____

h) **Do you play another instrument? YES / NO** _____

i) **Teaching methods you employ?**

- **By ear**
- **Tonic solfa**
- **Staff notation**
- **Other methods**

Details _____

j) **Please give details of any other relevant activities that may support your application**

k) **Attach current C.V with cover letter giving relevant information and references for verification regarding teaching hours.**

Signed: _____ (Applicant) _____ (Date)

Please return completed application forms to: **Comhaltas Ceoltóirí Éireann, 32 Belgrave Square, Monkstown, Co. Dublin**