



COMHALTAS



TEASTAS i dTEAGASC CEOLTA TÍRE (TTCT)

2024 APPLICATION FORM

Name: _____ Address: _____

Date of Birth (dd/mm/yyyy): _____

Mobile: _____ 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

SCT Qualification:	TTCT Preparatory Course Year of Completion:

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

Applicant Signature: _____ Date: _____