

APPLICATION FORM

SPECIAL NEEDS ASSISTANT

St Aidan's Comprehensive School

Valid Panel Form Yes No if yes, please provide a copy with your application.

The information you provide on this form will be treated in confidence.

PERSONAL DETAILS:

NAME: _____ Phone No.: (Home): _____
 ADDRESS: _____ Mobile Phone No.: _____
 _____ Email Address: _____

Have you previously applied or been interviewed for a position at St Aidan's Comprehensive School? _____

2nd LEVEL EDUCATION: School: _____

Please note that the minimum required standard of education for appointment to this post is A FETAC Level 3 major qualification on the National Framework of Qualifications OR a minimum of three grade Ds in the Junior Certificate OR Equivalent.

FETAC Level 3/Inter/Junior Certificate or equivalent _____ Year _____
(please specify)

Subjects and grades achieved:

Subject	Grade	Subject	Grade

Leaving Certificate Or equivalent: _____ Year _____
(please specify)

Subjects and grades achieved:

Subject	Grade	Subject	Grade

Additional Qualification: Diplomas/Certificates etc.

Title: _____ Year _____ Awarding Body: _____

Title: _____ Year _____ Awarding Body: _____

Other relevant, non-accredited courses (e.g. First Aid, Art/Craft etc.)

EMPLOYMENT EXPERIENCE

Experience in a Special Needs Assistant role (please start with most recent experience)

Dates	School Name	Duties

Please detail below any/other work experience which you feel might to relevant to your application. (You may wish to attach an A4 sheet detailing this if necessary).

State reasons below why you wish to be considered for this position;

REFERENCES

Please provide the names of two people (other than relatives or friends) with knowledge of you and your work to whom professional references can be made.

Referee 1

Name:
Position:
Address:
Telephone:
Mobile number: (must be provided)

Referee 2

Name:
Position:
Address:
Telephone:
Mobile number: (must be provided)

I confirm that the information contained in this Application Form is correct.

Signature of Applicant: _____

Date: _____

Only shortlisted candidates will be notified.

Completed and signed Application Forms should be returned to: *The Secretary, Board of Management, St Aidan's Comprehensive School, Cootehill Co Cavan.*

For Official Use Only
Date received:
Time received: