

# Bishopstown Community School

BISHOPSTOWN  
CORK  
Tel: (021) 4544311  
www.bishopstowncs.ie  
Principal: Edwina Gottstein



SCOIL PHOBAIL  
BAILE AN EASPAIG  
CORCAIGH  
email: office@bishopstown-cs.ie  
Deputy Principal: Lorna Finnegan

## APPLICATION FORM - SPECIAL NEEDS ASSISTANT

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

### 1. PERSONAL DETAILS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (mobile): \_\_\_\_\_

Email: \_\_\_\_\_

Have you previously applied or been interviewed for a position at Bishopstown Community School?

YES ☐ NO ☐

Please indicate if you have a Panel Form (**PF1 Form**):

☐

YES

☐

NO

**2. 2<sup>nd</sup> 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:** \_\_\_\_\_

Subjects and grades achieved:

Subject	Grade	Subject	Grade

**Leaving Certificate or equivalent:**

**Year:**

\_\_\_\_\_

Subjects and grades achieved:

Subject	Grade	Subject	Grade

**3. ADDITIONAL QUALIFICATIONS: Diplomas / Certificates etc.**

Qualification	Year	Awarding Body

**4. OTHER RELEVANT, NON-ACCREDITED COURSES (e.g. First Aid, Art / Craft etc.)**


5.      EMPLOYMENT EXPERIENCE:

Experience in a Special Needs Assistant role:

Dates	School Name	Position/Duties

Other employment experience:

Dates	Employer	Position/Duties

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

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

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9. 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. One should be your current or most recent employer.

***(Please note that your referees may be contacted without further communication with you and prior to selection interview if shortlisted for interview).***

**Referee 1**

Name:
Position:
Address:
Telephone/mobile number:

**Referee 2**

Name:
Position:
Address:
Phone/mobile number:

**10.****DECLARATION AND SIGNATURE**

In the event of you being recommended for this position, the Board of Management is obliged to comply with the terms of current DES circular letters.

In line with the terms of CL 31/2016, if you are recommended for this position, a vetting disclosure must be obtained from the National Vetting Bureau prior to the commencement of employment with the school.

Any offer of employment will be subject to the school receiving a satisfactory garda vetting disclosure prior to employment. The Board of Management may withdraw an offer of employment if a satisfactory vetting disclosure is not received.

The Board of Management cannot enter into a Contract of Employment without first receiving a vetting disclosure.

You are also required to sign the declaration below certifying that all information you have provided is accurate.

The Selection Committee may wish to check any of the details you have provided.

Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or, where discovery is made after an appointment, in summary dismissal.

I declare that the information supplied in this application form is accurate and true.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**Closing date for receipt of Application form is **15:30 on April 18th 2023**.  
Only shortlisted candidates will be notified.**

**Interviews will be held during the week commencing April 24<sup>th</sup>.**

**FOUR Completed and signed Application Forms should be returned by post only to:**

*The Secretary,  
Board of Management,  
Bishopstown Community School,  
Westgate Road,  
Cork.  
T12 CF79*