

APPLICATION FORM - SPECIAL NEEDS ASSISTANT

This form must be signed.
All questions must be answered.
Do not change the question numbers or sequence.

Office use only
Date Received:

1.PERSONAL DETAILS

First Name:	Surname:
Home Address:	Correspondence Address: (if different)
Home Phone Number:	Mobile Phone Number:
Email Address:	
Are there any restrictions regarding your er	mployment? Yes No
(if you answer Yes, please provide details o	on separate sheet)
Do you require a Work Permit?	Yes No

2. POST-PRIMARY LEVEL EDUCATION:

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

School:		_					
FETAC Level 3/Inter/Ju	nior Certificate or Equiv	alent Year					
Subjects and grades achieved:							
Subject	Grade	Subject	Grade				
Leaving Certificate or Eq	uivalent: Ye	ar:					
Subjects and grades ach	nieved:						
Subject	Grade	Subject	Grade				
3. ADDITIONAL QUA	ALIFICATIONS (Degr	ee/Diploma/Certific	cate etc.)				
Qualification:	Year	Awarding Body: _					
Qualification:	Year	Awarding Body: _					
Qualification:	Year	Awarding Body: _					

I. OTHER RELEVANT, NON-ACCREDITED COURSES (e.g. First Aid, Art/Cr					
c.)					
	DYMENT HISTORY ide details of your work	historv beainn	ing with the most rec	ent position.	
ate	Name & Address of	Position	Responsibilities	Reasons for Leavi	
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. State reasons be	elow why you wish to b	e considered for this	position.
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. REFERENCES			
iends) with knowledge	addresses and position/occue of you and your work to who rrent or most recent employer	om professional reference o	
resent or most rece	nt employer:		
Name & Title:	Position Held:	Telephone/Mobile:	Email:
Full address:			
-un address:			
Other referee:			
Name & Title:	Position Held:	Telephone/Mobile:	Email:
Full address:			

9. DECLARATION AND SIGNATURE

You are 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.

Date

Point to note:

Signed

Garda Vetting will apply in respect of this position.

In the event of your being recommended for appointment to this position, the Board of Management is obliged to comply with the terms of current DES Circular Letters. In line with the terms of Circular Letter 31/2016 a Vetting Disclosure must be obtained from the National Vetting Bureau prior to the commencement of employment. Any offer of employment will be subject to the school receiving a satisfactory Garda Vetting Disclosure prior to employment.

Completed Application Forms should be returned <u>by email</u> to Gerard, O'Leary, The Secretary, Board of Management, Celbridge Community School <u>– email</u> address: recruitment@celbridgecs.ie to arrive no later than 4pm, Monday 24th Jan 2022

Data Privacy Notice

All personal information provided on this Application Form will be processed in a confidential and secure manner as part of the recruitment process. Your data will be retained for a period of 18 months if your application is unsuccessful. If your application is successful, the school will retain your personal data for the duration of your employment and for 7 years thereafter. Your information will not be disclosed to a third party without your consent save where provided by law or where such processing is necessary to comply with the school's legal obligations. You may at any time make a request for access to your personal data held by about you. Should you wish to make any changes or erasures to your personal data, please contact The Secretary of the Board of Management of the school.