APPLICATION FORM SPECIAL NEEDS ASSISTANT MILLSTREET COMMUNITY SCHOOL

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

| 1.PERSONAL DETAILS: | | | |
|--|--------------------------|------------------------------|-----------------------|
| NAME: | | Phone No.: (Home | e): |
| ADDRESS: | | Mobile Phone No. | : |
| | | _ Email Address: _ | |
| Have you previously appli | ed or been interviewed | l for a position at Millstre | eet Community School? |
| 2. 2 nd LEVEL EDUCATIO | N: School: | | |
| Please note that the minimum Level 3 major qualification or the Junior Certificate <u>OR</u> Equ | n the National Framework | ucation for appointment to | this post is A FETAC |
| FETAC Level 3/Inter/Junio | or Certificate or equiva | lent Year | |
| Subjects and grades achie | eved: | | |
| Subject | Grade | Subject | Grade |
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| | | | |
| | | | |
| | | | |
| Leaving Certificate or equ | ivalent: | /ear: | |
| Subjects and grades achie | eved: | | |
| Subject | Grade | Subject | Grade |
| | | | |
| | | | |

| 3. ADDITIONAL QUALIFICATIONS: Diplomas/Certificates etc. | | | | | |
|--|---------|---------|-----------------|--|--|
| Qualification: | | _Year | Awarding Body: | | |
| Qualification: | | Year | Awarding Body: | | |
| 4. OTHER RELEVANT, NON-ACCREDITED COURSES (e.g. First Aid, Art/Craft etc.) | | | | | |
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| 5. EMPLOYMENT EXP | ERIENCE | | | | |
| Experience in a Special Needs Assistant role: | | | | | |
| Dates | Schoo | ol Name | Position/Duties | | |
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Other employment experience:

| Dates | Employer | Position/Duties |
|------------------------|-----------------------------------|---|
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| 6. Please detail below | any/other work experience wh | nich you feel might to relevant to your |
| application. (You may | wish to attach an A4 sheet detail | ling this if necessary). |
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| 7. State reasons below | v why you wish to be consider | ed for this position. |
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8. 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: |
| name. |
| Position: |
| |
| Address: |
| |
| Telephone/mobile number: |
| |
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| 9. 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. |
| 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 |
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Closing date for receipt of Application form is 12pm on Thursday, 7th August 2025. Interviews are scheduled for Friday, 15th August 2025. Only shortlisted candidates will be notified.

Completed and signed Application Forms should be returned to *The Secretary, Board of Management, Millstreet Community School* by email only to: vacancies@millstreetcommunityschool.ie

| For Official Use Only | | |
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| Date received: | | |
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| Time received: | | |
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