

ADVISOR DEAF/ HARD OF HEARING ISL
 NATIONAL COUNCIL FOR SPECIAL EDUCATION

Section A

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|--|--------------------|--|-------|
| APPLICANT'S PERSONAL DETAILS | | | |
| Name | | | |
| Correspondence Address: | | Mobile Phone No | |
| | | Landline No. | |
| | | E-mail Address <i>(Please print clearly if completing in handwritten format)</i> | |
| | | | |
| NAMES & CONTACT DETAILS OF REFEREES* | | | |
| | REFERENCE 1 | REFERENCE 2 | |
| NAME | | | |
| ROLE | | | |
| ADDRESS | | | |
| CONTACT TELEPHONE | | | |
| CONTACT EMAIL | | | |
| | | | |
| *REFEREES WILL ONLY BE CONTACTED DURING CLEARANCE AND WITH THE CANDIDATES CONSENT | | | |
| Extra Support Required for Interview Attendee (please tick) | | | |
| Soundfield System | | Sign Language Interpreter | |
| Wheelchair Access | | Other | |
| | | | |
| For official use only | Received By: | Date: | Time: |
| I HAVE A FULL DRIVERS LICENCE | YES / NO | PLEASE CIRCLE AS APPROPRIATE | |

POSITION ADVERTISED: ADVISOR DEAF/ HARD OF HEARING ISL

SECTION B

IF NECESSARY EXPAND THE SECTION OR USE ADDITIONAL PAGES IF COMPLETING IN HANDWRITTEN FORMAT

ACADEMIC, PROFESSIONAL OR TECHNICAL QUALIFICATIONS:

| Date obtained and Full Title of Degree(s)/ Qualifications (s) held | Subject (s) taken in final examinations | Grade Obtained (e.g. 1, 2.1, 2.2, Pass, etc) | University, College or Examining Authority |
|---|--|---|---|
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EMPLOYMENT RECORD - MOST RECENT FIRST.

Give below, in date order (starting with your current employer), full particulars of all employment (including any periods of unemployment) between the date of leaving school or college and the present date. No period between these dates should be unaccounted for. The top of the list should be your current, or most recent, employment.

Where the grade status is not given it will be assumed that the post held is a temporary one.

| Name & Address of Employer | Title of Post Held P = Permanent, T = Temporary, A = Acting | Dates/ Period in Employment | Description of duties, salary, etc: |
|---------------------------------------|--|--|--|
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SECTION C

IF NECESSARY EXPAND THE SECTION OR USE ADDITIONAL PAGES IF COMPLETING IN HANDWRITTEN FORMAT

IN THE FOLLOWING SECTION, WE ASK YOU TO DESCRIBE SOME OF YOUR PERSONAL ACHIEVEMENTS TO DATE THAT DEMONSTRATE CERTAIN SKILLS AND ABILITIES WHICH HAVE BEEN IDENTIFIED AS NECESSARY FOR THIS ROLE. THE INFORMATION THAT YOU PROVIDE MAY INFORM PART OF THE SHORT LISTING PROCESS AND MAY ALSO BE USED TO HELP STRUCTURE YOUR INTERVIEW, IF YOU ARE INVITED TO ONE.

PLEASE NOTE:

- ALL QUESTIONS MUST BE ANSWERED. (A MAXIMUM OF 400 WORDS PER ANSWER)

QUESTION 1

Please provide details of your experience of working in the area of education of children with special educational needs, or the delivery of other services to people with disabilities (a minimum of 2 years' post qualification experience required):

Question 2

Please indicate how you can contribute to the work of the Advisor Deaf/ Hard of Hearing ISL: provide details of your operational, organisational and problem solving skills:

Question 3

Please provide details of your operational, organisational and problem solving skills:

KEY COMPETENCIES

FOR EACH OF THE COMPETENCY AREAS BELOW, PLEASE PROVIDE AN EXAMPLE WHICH YOU FEEL BEST DEMONSTRATES YOUR CAPACITY IN THE COMPETENCY DESCRIBED. YOU MAY USE THE SAME EXAMPLES ACROSS MORE THAN ONE COMPETENCY AREA SHOULD YOU SO WISH. YOUR EXAMPLES SHOULD SHOW CLEARLY HOW YOU HAVE DEMONSTRATED THE PARTICULAR COMPETENCY. YOU SHOULD BE MINDFUL THAT THE SCALE AND SCOPE OF THE EXAMPLES GIVEN DEMONSTRATE THE COMPETENCY IN QUESTION AND ARE APPROPRIATE TO THE POST.

PLEASE REFER TO THE "KEY COMPETENCIES" SECTION IN THE CANDIDATE INFORMATION BOOKLET FOR FURTHER INFORMATION ON THE COMPETENCIES FOR THIS ROLE. YOU SHOULD ALSO HAVE REGARD TO THE "ENTRY REQUIREMENTS" SECTION OF THE BOOKLET IN CHOOSING YOUR EXAMPLES.

Management & Delivery of Results

Answer:

Analysis & Decision Making

Answer:

Building Relationships & Communication

