### Please note:

This form must be signed.

All questions must be answered and Typed.

Do not change the question numbers or sequence.

No letter of application or CV should accompany this form.

Office use only
Date Received:



# TALLAGHT COMMUNITY SCHOOL APPLICATION FOR SPECIAL NEEDS ASSISTANT

## 1. PERSONAL DETAILS

First Name:	Surname:	
Home Address:	Correspondence Address: (if different)	
Home Phone Number:	Mobile Phone Number:	
Email Address:		

### 2. PRESENT POSITION

Please give details of your current position:			
Employer:	Address:	Job Title:	
How much notice do you need to give current employer?	ve your		

## 3. QUALIFICATIONS

Please put the most recent first. This should include any Third Level/Further Education/Second Level qualifications.

3.1 Educational Qualifications				
Qualification	School/College	Results	Year of Award	
3.2 Outline Other Relevant, Non-accredited Courses – most recent first (e.g. First Aid, Arts/Craft, etc)				

## 4. EMPLOYMENT HISTORY

### **4.1 Special Needs Experience**

Please provide details of your SNA experience beginning with the most recent post.

School Name	Address	Duties	Dates

# **4.2 Other Employment Experience**

Position	Employer/Project	Duties	Dates

4.3 Role of the Special Needs Assistant				
Please describe your understa perform this role.	anding of the role of a Spe	cial Needs Assistant and	d the skills necessary to	
5. SUPPORTING STATEME	ENT			
5.1 Use this space to include any application.	extra information which yo	u feel is relevant to the po	osition to support your	
6. REFERENCES				
Please provide names, addresses and position/occupation of two people (other than relatives or friends) with				
knowledge of you and your work to whom professional reference can be made. One should be your current or most recent employer. [Please note: your referees may be contacted without further communication with you and prior to selection				
interview if shortlisted for interview].  Present or most recent employer:				
resent of most recent employer.				
Name:	Position Held:	Telephone/Mobile:	Email:	

Full address:					
Other referee:					
Name:	Position Held: Telephone/Mobile: Email:				
Full address:					
7. DECLARATION AND SIG	SNATURE				
n the event of you being recom erms of current DES circular let		Board of Management is	s obliged to comply with the		
f you are recommended for this secretary to the Board of Manag vithdraw an offer of employme	gement before commenceme	nt of employment. The B	Board of Management may		
he Board of Management cann	ot enter into a Contract of En	nployment without first i	receiving a vetting disclosure.		
sy signing below, you consent to lepartment regulations. A Statu					
ou are also required to sign the he Selection Committee may w leliberately concealing any relev liscovery is made after an appoi	rish to check any of the details vant facts may result in disqua	s you have provided. Pro alification from the selec	viding incorrect information or		
roviding incorrect information election process or, where disco			•		
declare that the information su	applied in this application form	n is accurate and true.			
Signed		 Date			

Completed Applications should be returned <u>by post or email only</u> by <u>date as per advertisement on Education Posts</u>: Secretary, Board of Management, Tallaght Community School, Balrothery Estate, Tallaght, Dublin 24 X759 Email: <u>office@tallaghtcs.ie</u> with Subject field: **Job Application/Special Needs Assistant** 

PLEASE NOTE: Any offer of employment will be subject to the provision of a vetting disclosure from the National Vetting Bureau and satisfactory reference