

National Association of Boards of Management in Special Education

APPLICATION FORM FOR THE POST OF
Education Officer, QQI**Section 1: Applicant Information**

NAME	
HOME ADDRESS	
PHONE	
e-mail	
Teaching Council No.	

Section 2: Employment Record

Please provide details of your present and previous employment beginning with the most recent.

Employment Dates	Employer/Name of School/College	Position

Please briefly indicate those aspects of your employment to date that you consider advantageous to the application of Education Officer - QQI.

Section 3: Educational Record

Please provide details of your educational qualifications

Third Level

Dates	Degree / Award	Classification	Undergraduate or Post-Graduate	Awarding Institution

Professional or Continuing Education

Dates	Award	Provider Institution

Section 4: Qualifications, skill sets and previous experience

In the context of the Experience and Skills needed for the role of Education Officer as outlined in the Job Specification, please provide information on each of the following elements below;

Experience of education for children with special education needs:
Knowledge of primary and/or post primary education in Ireland:
Understanding of the role of the Board of Management of a primary and /or post primary school
Ability to deal with individuals and groups:
Ability to communicate, present and facilitate:
Ability to plan, coordinate and deliver:
Ability to prepare reports for NABMSE and submissions to partner consultations:
Leadership knowledge and skills:
A good knowledge of the operation of schools and the relevant legislation:
Knowledge of current and emerging education research issues:
Competence in Irish (desirable but not essential)

Section 5: Personal Statement

Please provide a brief statement concerning your vision for the post of QQI Education Office

(500 words max)

--

Section 7: Nominated Referees

Please provide information concerning two people who have agreed to act as your referees.

In nominating these two referees you are giving permission for the Chair of the Board of Directors or her agent to contact the nominated persons.

Referee 1

Name	
Position	
Phone Number	
e-mail	

Referee 2

Name	
Position	
Phone Number	
e-mail	

Section 8: Declaration

Please read and complete the declaration below

I confirm that information that I have provided in this Application for the position of NABMSE Education Officer is true and accurate.

I give permission for NABMSE to use this information for the sole purpose of evaluating my suitability for appointment to the post of Education Executive

NAME	
DATE	
SIGNATURE	

The signed completed Application Form is to be forwarded by email only to Chairperson@NABMSE.ie to be received by the closing time and date of 12 noon, Thursday 25th July 2024.