## **POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM**

School: St Mura's NS, Tooban, Donegal 15627F

(If completing	ing this form by hand, please use a ballpoint pen or black ink)	
Applicant's Name		
Completed and Signed	Application Forms should be returned <b>by email</b> to:	
	The Chairperson Board of Management	
	snaapplicationstmurasns@gmail.com	

To arrive by **5.30 p.m.** on **Closing Date.** (4<sup>th</sup> March 2021).

Please DO NOT send a Curriculum Vitae with this form. This may be requested later in the recruitment process.

Please DO NOT enclose any certificates with this form. Minimum educational requirements for this post are Inter Cert or Junior Cert or equivalent qualification/s. The successful candidate may be required to supply original documentation in relation to other qualifications to the Board of Management prior to appointment.

For Official Use Only
Received:
Date:
Time:

PERSONAL DETAILS:								
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ŀ	lome				Hon	ne Tel. No.		
Address			Mobile	Phone No.				
					E-Ma	il Address –		
2 Educational Qualifications – most recent first (Include second level e.g. Inter Cert, Junior								
					(though not a re ested to furnish s			
		ualificat		School/College		Results		ear of Award
!						1		
3	Other relev	/ant, no	n-accredited	courses – r	nost recent first:	(e.g. First A	id, Ar	t/Craft)
		<u>.</u>					-	
4	Experienc	e of Sp	ecial Needs A	ssistant ro	e - most recent i	first.		
	School N	lame	Addr	ess	Duties	Date fro	om	Date to

Position	ent experience - most rece Employer/Project	Duties	Date from	Date
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Additional information (not already mentioned) in support of your application							
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(1) Name		(2) Name					
Address		Address					
Phone Number(s)*	Work:	Phone Number(s)*	Work:				
	Home:		Home:				
	Mobile:		Mobile:				

<sup>\*</sup> As it is probable that referees will have to be contacted outside of school times, it is crucial that phone numbers at which referees can be contacted (three if possible) are given.

	All information provided in this form is confidential to the Selection Board (This form should be typed or completed using block capitals in black ink)								
9	Signature of Applicant		Date						