

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)

POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM

School: _____

(If completing this form by hand, please use a ballpoint pen or black ink)

**Applicant's
Name**

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Completed and Signed Application Forms should be returned **by email** to:

<p>The Chairperson Board of Management</p> <p><u>pwellschairperson@gmail.com</u></p>
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to arrive by **3.00p.m.** on **Closing Date.** *(refer to advertisement for closing date).*

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:

1 Name

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**Home
Address**

Home Tel. No.
Mobile Phone No.
E-Mail Address

2 Educational Qualifications – most recent first (*Include second level e.g. Inter Cert, Junior Cert or equivalent and further education (though not a requirement for this particular post). A successful applicant may be requested to furnish supporting documentation.*)

Qualification	School/College	Results	Year of Award

3 Other relevant, non-accredited courses – most recent first: Please be specific to the job description (e.g. First Aid, Art/Craft....)

4 Experience of Special Needs Assistant role - most recent first (please be specific).


School Name	Address	Duties	Date from	Date to

5 Other employment experience - most recent first.

Position	Employer/Project	Duties	Date from	Date to

6 Please indicate briefly your understanding of the role of a Special Needs Assistant

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(1)
Name

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Mobile:**Mobile:**

9 Signature of Applicant

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