

## APPLICATION FORM SPECIAL NEEDS ASSISTANT St Patrick's Comprehensive School



The information you provide on this form will be treated in confidence.

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1.PERSONAL DETAILS: NAME:		Dhono No : (Homo)	١.
		Phone No.: (Home)	
ADDRESS:		_ Mobile Phone No.:	
		_ Email Address:	
Have you previously appl School?		for a position at St Patrio	ck's Comprehensive
2. 2 <sup>nd</sup> LEVEL EDUCATION	ON: School:		
Please note that the minimum	m required standard of ed		
Level 3 major qualification o	n the National Framework	of Qualifications <u>OR</u> a mini	mum of three grade Ds in
the Junior Certificate OR Eq	uivalent.		
FETAC Level 3/Inter/Juni	or Certificate or equival	lent Year	
Subjects and grades achi	eved:		
Subject	Grade	Subject	Grade
Leaving Certificate or equ	uivalent:	/ear:	
Subjects and grades achi	eved:		
Subject	Grade	Subject	Grade

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3. ADDITIONAL QUALIFICATIONS:	Diplômas	s/Certificates etc.
Qualification:	Year	Awarding Body:
Qualification:	_ Year	Awarding Body:
4. OTHER RELEVANT, NON-ACCRE	DITED CO	OURSES (e.g. First Aid, Art/Craft etc.)
5. EMPLOYMENT EXPERIENCE		

**Experience in a Special Needs Assistant role:** 

Dates	School Name	Position/Duties

## Other employment experience:

Dates	Employer	Position/Duties
6. Please detail below	any/other work experience wh	ich you feel might to relevant to your
application. (You may	wish to attach an A4 sheet detail	ling this if necessary)
application (Tod may	with to attach an / 1 oncot actain	ing the ir necessary).
7. State reasons below	w why you wish to be consider	ed for this position.

## 8. REFERENCES

Please provide the names of two people (other than relatives or friends) with knowledge of you and your work to whom professional references can be made. One should be your current or most recent employer. (Please note that your referees may be contacted without further communication with you and prior to selection interview if shortlisted for interview).

Referee 1	
Name:	
Position:	
Address:	
Telephone/mobile number:	
Referee 2	
Name:	
Position:	
Address:	
Address:	
Telephone/mobile number:	
9. DECLARATION AND SIGNATURE	
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In the event of you being recommended for this position, the Board of Management is obliged to comply with the terms of current DES circular letters.	
terms of earlier DES official letters.	
In line with the terms of CL 31/2016, if you are recommended for this position, a vetting disclosure must be	
obtained from the National Vetting Bureau <u>prior</u> to the commencement of employment with the school.	

Any offer of employment will be subject to the school receiving a satisfactory garda vetting disclosure prior to employment. The Board of Management may withdraw an offer of employment if a satisfactory vetting disclosure is not received.

The Board of Management cannot enter into a Contract of Employment without first receiving a vetting disclosure.

You are also required to sign the declaration below certifying that all information you have provided is accurate.

The Selection Committee may wish to check any of the details you have provided.

Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or, where discovery is made after an appointment, in summary dismissal.

I declare that the information supplied in this application form is accurate and true.

Signed	Date	

Closing date for receipt of Application form is the 2pm Tuesday 10<sup>th</sup> June 2025. Only shortlisted candidates will be notified. Interviews scheduled for Thursday 19<sup>th</sup> May 2025

Completed and signed Application Forms should be returned by post only to: *The Secretary, Board of Management, St Patrick's Comprehensive School, Tullyglass, Shannon, Co Clare* 

For Official Use Only
Date received:
Time received: