

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

St Brigid's NS, Kill

**Applicant's
Name**

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

<p>The Chairperson Board of Management St Brigid's NS Drumhurt Kill Cootehill Co Cavan H16 H580</p>
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to arrive by **5.30 p.m.** on **Thursday 8th June 2023**

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:

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PERSONAL DETAILS:

1 Name

**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: (e.g. First Aid, Art/Craft....)

4 Experience of Special Needs Assistant role - most recent first.

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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8 Please give the names of two referees: one should be your most recent employer (if relevant) and in a position to comment on your professional qualifications and / or training. The other should be in a position to comment on your personal characteristics. Referees should not be related to the applicant.

Phone Number(s)*	Work:	Phone Number(s)*	Work:
	Home:		Home:
	Mobile:		Mobile:

9 Signature of Applicant

Date