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: Our Lady of Lourdes NS

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

Applicant's Name	

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

The Chairperson
Board of Management
bomourladyoflourdes@gmail.com

to arrive by **5.30 p.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.

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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7 Additional information (*not already mentioned*) in support of your application

8 Please give the names of two referees: one should be in a position to comment on your personal characteristics and one should be in a position to comment on your professional qualifications and/or training. Referees should <u>not</u> be related to the applicant.

(1) Name		**(2) Name**	
Address		**Address**	
Phone Number(s)*	**Work:**	**Phone Number(s)***	**Work:**
	Home:		**Home:**
	Mobile:		**Mobile:**

***** *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.*

9 Signature of Applicant		**Date**			