



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

APPLICATION FORM SPECIAL NEEDS ASSISTANT SCOIL MHUIRE COMMUNITY SCHOOL

1. PERSONAL DETAIL	S:				
NAME:		Phone No.: (Home	e):		
ADDRESS:		Mobile Phone No.:	Mobile Phone No.:		
_		Email Address:			
Have you previously app	olied or been interviewe	ed for a position at Scoil M	huire Community		
School?					
2. SECOND LEVEL ED	UCATION: School	ol:			
Please note that the minim	um required standard of e	education for appointment to			
Level 3 major qualification	on the National Framewo	rk of Qualifications <u>OR</u> a min	imum of three grade Ds in		
the Junior Certificate <u>OR</u> E	quivalent.				
FETAC Level 3/Inter/Jui	·	alent Year			
Subject	Grade	Subject	Grade		
Leaving Certificate or ed		Year:	1		
Subject	Grade	Subject	Grade		
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3. ADDITIONAL QUALIFICATIONS: Degree/Diploma/Certificate etc.			
Qualification:	Level	_Year	Awarding Body:
Qualification:	Level	_Year	Awarding Body:
Qualification:	Level	_Year	Awarding Body:
			First Aid, Art/Craft etc.)
5. EMPLOYMENT EXPERIENCE Experience in a Special Needs		<u>.</u>	

Dates	School Name	Position/Duties

Other employment experience:

Dates	Employer	Position/Duties
6. Please detail below	any/other work experience tha	t you feel might be relevant to your
application. (You may w	vish to attach an A4 sheet detailir	ng this if necessary).
7. Ctata vacana balaw	why you wish to be sonsidere	d for this position
7. State reasons below	why you wish to be considere	a 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:		
Email:		
Referee 2		
Name:		
Position:		
Address:		
Telephone/mobile number:		
Email:		

9. DECLARATION AND SIGNATURE

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.

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
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Closing date for receipt of Application Form is by 10am on Friday 26th of July 2024. Only shortlisted candidates will be notified.

The completed and signed Application Form (3 copies) should be returned by post only to:

The Secretary of the Board of Management, Scoil Mhuire Community School, Prosperous Rd., Clane, Co. Kildare

For Official Use Only
Date received:
Time received: