

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 2018**

**School:**        **St. Anthony's Special School, Humbert Way, Castlebar, Co Mayo**

*(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 post OR email** to:

<p><b>The Chairperson Board of Management (Refer to advertisement for address) OR Email: <a href="mailto:poststanthonys@gmail.com">poststanthonys@gmail.com</a></b></p>
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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.

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.

<b>For Official Use Only</b>
Received:
Date:
Time:

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**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: (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**

**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 not be related to the applicant.**

**(1)  
Name**

**(2) Name**

**Address**

**Address**

**Phone  
Number(s)\***

**Work:**

**Home:**

**Mobile:**

**Phone  
Number(s)\***

**Work:**

**Home:**

**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**