## POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM

School: Ballyglass National School
(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 <b>by email</b> to:
The Chairperson Board of Management
snapost@ballyglassns.com
to arrive by <b>5.30 p.m.</b> on <b>9</b> <sup>th</sup> <b>April 2021</b>
Please 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.

	PERSONAI	L <b>DETA</b> I	ILS:					
1	Name							
	Home Address				Home Tel. Jobile Phone E-Mail Add	No.		
2	equivalent	and furth	her education	(though not		for this par		rt, Junior Cert or st). A successful
	(	Qualificat	tion	Sch	nool/College	Re	esults	Year of Award
3	Other rele	vant, nor	ı-accredited co	ourses – mos	st recent first: (	e.g. First Ai	d, Art/Cra	aft)
4	Experience	e of Speci	ial Needs Assis	stant role - n	nost recent firs	ıt.		
	School N	Vame	Addı	ress	Duties	D	ate from	Date to
			<del>                                     </del>					
			<del> </del>					+

5 Other employment experience - most recent first.

Position	Employer/Project	Duties	Date from	Date to

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