POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM

School: St Mary's N.S., Granard Road, Edgeworthstown, Co. Longford, N39 PX32.

(If completing this form by hand, please use a ballpoint pen or black ink)							
Applicant's Name							
Completed and Sign	ned Application Forms should be returned by post to:						

The Chairperson,
Board of Management,
St Mary's N.S.,
Granard Road,
Edgeworthstown,
Co. Longford, N39 PX32.

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.

For Official Use Only				
Received:				
Date:				
Time:				

	PERSON	AL DETAIL	S:					
1	Name							
	Home Address					e Tel. No.		
•	Address	!SS			Mobile Phone No. E-Mail Address			
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2 Educational Qualifications – most recent first (Include second level Junior Cert or equivalent and further education (though not a requiparticular post). A successful applicant may be requested to fundocumentation.								ent for this
		Qualificat	ion	Scho	ool/College	Results	Y	ear of Award
3	Other r	elevant, no	n-accredited	courses – i	most recent first:	(e.g. First Ai	d, Ar	t/Craft)
4	Experie	nce of Spe	cial Needs As	ssistant role	e - most recent fire	st.		
	Schoo	ol Name	Addr	ess	Duties	Date fro	m	Date to

5 Other employment experience - most recent first.

Position	Employer/Project	Duties	Date from	Date to	

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	Please indicate bri	efly your understanding	g of the role of a Spe	ecial Needs Assi	stant
F					

Additional i	nformation (not alread	y mentione	ed) in suppo	rt of your a	pplication		
personal c	e the names haracteristic ons and/or ti	s and one	should be i	n a position	to commer	nt on your p	rofes	
(1) Name				(2) Name				
ĺ				Address				
Address				 -				
Phone Number(s)*	Work:			Phone Number(s)*	Work:			
	Home:			, ,	Home:			
	Mobile:				Mobile:			
	ible that referee. es can be conta				ool times, it is o	crucial that ph	one nu	mbers
Signature Applicant	of					Date		