## **POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM**

School:		
(If compl	eting this form by hand, please use a ballpoi	nt pen or black ink)
Applicant's Name		
Completed and Sign	ed Application Forms should be returned by post	_to:
	The Chairperson Board of Management (Refer to advertisement for address)	

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				Mobile I	ne Tel. No. Phone No. il Address		
2	Junior particul	Cert or ed	quivalent and	d further e	: first (Include s ducation (thougl t may be requ	h not a requ	ireme	ent for this
		Qualificat	tion	Scho	ool/College	Results	Yea	ar of Award
3	Other ro	elevant, no	on-accredited	l courses –	most recent first:	(e.g. First Ai	d, Art	/Craft)
4	Experie	nce of Spe	cial Needs A	ssistant role	e - most recent fir	rst.		
	Schoo	ol Name	Addı	ess	Duties	Date froi	n	Date to
							_	

5 Other employment experience - most recent first.

Position	Employer/Project	Duties	Date from	Date to

Please indicate bri	efly your understanding	of the role of a Sp	ecial Needs Ass	istant

Please indicate br	leny your unde		 Joseph

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	Number(s)*	Home:
oile:		Mobile:
		ol times, it is crucial that phone numbe
ı	bile:  nat referees will have to be contacted o	Mumber(s)*