



**Gorey Educate Together Secondary School**

**APPLICATION FORM – SPECIAL NEEDS ASSISTANT**

This form must be signed.  
 All questions must be answered.  
 You may expand text boxes if necessary.  
 Please do not change the question numbers or sequence.

<p><b>Office use only</b>  <i>Date Received:</i></p>
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**1.PERSONAL DETAILS**

<b>First Name:</b>	<b>Surname:</b>
<b>Home Address:</b>	<b>Correspondence Address: (if different)</b>
<b>Home Phone Number:</b>	<b>Mobile Phone Number:</b>
<b>Email Address:</b>	
Do you have Supplementary Assignment Panel rights? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	
If Yes, please attach a copy to the PF1 Form with this application form.	

Are there any restrictions regarding your employment?

Yes  No

*(if you answer Yes, please provide details on separate sheet)*

Do you require a Work Permit?

Yes  No

**2. POST-PRIMARY LEVEL EDUCATION:**

*Please note that the minimum required standard of education for appointment to this post is a QQI Level 3 major qualification on the National Framework of Qualifications OR a minimum of three grade Ds in the Junior Certificate OR Equivalent.*

**School:** \_\_\_\_\_

**FETAC Level 3/Inter/Junior Certificate or Equivalent**

**Year** \_\_\_\_\_

Subjects and grades achieved:

Subject	Grade	Subject	Grade

**Leaving Certificate or Equivalent:**

**Year:** \_\_\_\_\_

Subjects and grades achieved:

Subject	Grade	Subject	Grade

### 3. ADDITIONAL QUALIFICATIONS (Degree/Diploma/Certificate etc.)

Qualification: \_\_\_\_\_ Year \_\_\_\_\_ Awarding Body: \_\_\_\_\_

Qualification: \_\_\_\_\_ Year \_\_\_\_\_ Awarding Body: \_\_\_\_\_

Qualification: \_\_\_\_\_ Year \_\_\_\_\_ Awarding Body: \_\_\_\_\_

### 4. OTHER RELEVANT, NON-ACCREDITED COURSES (e.g. First Aid, Art/Craft etc.)


### 5. EMPLOYMENT HISTORY

#### Experience of Special Needs Assistant Role

Please provide details of your SNA experience beginning with the most recent position.

Date (From/To)	School Name & Address	Responsibilities	Reasons for Leaving

Date (From/To)	School Name & Address	Responsibilities	Reasons for Leaving

**Other Employment Experience**

Please provide details of your work history beginning with the most recent position.

Date (From/To)	Name & Address of Employer	Position Held	Responsibilities	Reasons for Leaving

**6. Please detail below any/other work experience which you feel might to relevant to your application.** (You may wish to attach an A4 sheet detailing this if necessary).

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**7. Please indicate briefly your understanding of the role of a Special Needs Assistant.**

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**8. Please state the reasons why you wish to be considered for this position and what skills/competencies you can bring to the Gorey ETSS team.**

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**8. REFERENCES**

Please provide names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work to whom professional reference can be made. One should be your current or most recent employer. Please provide mobile contact numbers where possible.

***Present or most recent employer:***

Name & Title:	Position Held:	Mobile Number:	Email:
<b>Full address:</b>			

***Other referee:***

Name & Title:	Position Held:	Mobile Number:	Email:
<b>Full address:</b>			

## 9. DECLARATION AND SIGNATURE

- You are 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

### Point to note:

#### **Garda Vetting will apply in respect of this position.**

In the event of your being recommended for appointment to this position, the Board of Management is obliged to comply with the terms of current DES Circular Letters. In line with the terms of Circular Letter 31/2016 a Vetting Disclosure must be obtained from the National Vetting Bureau prior to the commencement of employment. Any offer of employment will be subject to the school receiving a satisfactory Garda Vetting Disclosure prior to employment.

**Completed Application Form should be emailed to [admin@goreyetss.ie](mailto:admin@goreyetss.ie)**

#### **Data Privacy Notice**

All personal information provided on this Application Form will be processed in a confidential and secure manner as part of the recruitment process. Your data will be retained for a period of 18 months if your application is unsuccessful. If your application is successful, the school will retain your personal data for the duration of your employment and for 7 years thereafter. Your information will not be disclosed to a third party without your consent save where provided by law or where such processing is necessary to comply with the school's legal obligations. You may at any time make a request for access to your personal data held by about you. Should you wish to make any changes or erasures to your personal data, please contact The Secretary of the Board of Management of the school.