POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM

School:		
(If completin	g this form by hand, please use a ballpoi	nt pen or black ink)
Applicant's Name		
Completed and Signed A	Application Forms should be returned by pos	<u>t</u> 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						
	Uomo				Uom.	e Tel. No.	
	Home Address					Phone No.	
						il Address	
2	Junior particul	Cert or eq	quivalent and	d further e	t first (Include s ducation (though t may be reque	h not a requi	irement for this
		Qualificat	ion	Scho	ol/College	Results	Year of Award
3	Other re	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 fi	rst.	
		Name Address			Duties	Date fron	n 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						

Additional	information	(not alrea	dy mentioi	ned) in suppo	ort of your	applicatio	on	
personal	characteris nal qualifica	tics and	one shoul	e should be i d be in a ng. Referee	position t	o comm	ent on	you
(1)				(2) Name				
Name								
				Address				
Address								
none umber(s)*	Work:			Phone	Work:			
illiber(s)	Home:			Number(s)*	Home:			
	Mobile:				Mobile:			
* As it is proba	ble that referee	es will have to	be contacted] outside of school	times, it is cr	ucial that ph	none numl	pers at
which referees	can be contacte	ed (three if po	ssible) are giv	en.				
Signature	of					Date		