



ST. MARY'S COLLEGE

Ballysadare, Co. Sligo, Tel: 071 9167579, Fax: 071 9130454, Email: info@smcb.ie

POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM

**Applicant's
Name**

| |
|--|
| |
|--|

Completed and Signed Application Forms should be returned **email** to applicationsmcb@smcb.ie to arrive by **time and date indicated on advertisement**.

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: |



ST. MARY'S COLLEGE

Ballysadare, Co. Sligo, Tel: 071 9167579, Fax: 071 9130454, Email: info@smcb.ie

PERSONAL DETAILS:

1 Name

Home Address

Home Tel. No.
Mobile Phone No.
E-Mail Address

2 Educational Qualifications – most recent first (*Include second level e.g. Inter Cert, Junior Cert or equivalent and further education (though not a requirement for this particular post). A successful applicant may be requested to furnish supporting documentation.*)

| Qualification | School/College | Results | Year of Award |
|---------------|----------------|---------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

3 Other relevant, non-accredited courses – most recent first: (e.g. First Aid, Art/Craft....)

4 Experience of Special Needs Assistant role - most recent first.

| School Name | Address | Duties | Date from | Date to |
|-------------|---------|--------|-----------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



ST. MARY'S COLLEGE

Ballysadare, Co. Sligo, Tel: 071 9167579, Fax: 071 9130454, Email: info@smcb.ie

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



ST. MARY'S COLLEGE

Ballysadare, Co. Sligo, Tel: 071 9167579, Fax: 071 9130454, Email: info@smcb.ie

7 Additional information (*not already mentioned*) in support of your application

8 Please give the names of two referees: one should be in a position to comment on your personal characteristics and one should be in a position to comment on your professional qualifications and/or training. Referees should not be related to the applicant.

| | | | |
|---------------------|--|-----------------|--|
| (1) Name | | (2) Name | |
|---------------------|--|-----------------|--|

| | | | |
|----------------|--|----------------|--|
| Address | | Address | |
|----------------|--|----------------|--|

| | | | |
|-----------------------------|----------------|-----------------------------|----------------|
| Phone Number(s)* | Work: | Phone Number(s)* | Work: |
| | Home: | | Home: |
| | Mobile: | | Mobile: |

** As it is probable that referees will have to be contacted outside of school times, it is crucial that phone numbers at which referees can be contacted (three if possible) are given.*

| | | | | | |
|-------------------------------------|--|-------------|--|--|--|
| 9 Signature of Applicant | | Date | | | |
|-------------------------------------|--|-------------|--|--|--|