

*All information provided in this form is confidential to the Selection Board  
(This form should be typed or completed using block capitals in black ink)*

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

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

**(If completing this form by hand, please use a ballpoint pen or black ink)**

**Applicant's  
Name**

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Completed and Signed Application Forms should be returned **by post** to:

<p><b>The Chairperson Board of Management (Refer to advertisement for address)</b></p>
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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.

<b>For Official Use Only</b>
Received:
Date:
Time:

**PERSONAL DETAILS:**

**1 Name**

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**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


**5 Other employment experience - most recent first.**

Position	Employer/ Project	Duties	Date from	Date to

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

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**(1)**  
**Name**

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**Mobile:**

**Mobile:**

**9 Signature of Applicant**

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