

St. Cecilia's School, Cregg, Sligo. F91 X283
Telephone: 071 9177907
Fax: 071 9177011
E-mail: stcecilias@stceciliasschool.ie
Website: www.stceciliasschool.ie
Principal: Éilis Dillon
Roll Number: 19206B
RCN: 20140601



All information provided in this form is confidential to the Selection Board
(This form should be typed)

POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM

School: _____

Applicant's Name

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

to arrive by **5.00 p.m.** on **Closing Date.** (*refer to advertisement for closing date*).

Please **DO NOT** enclose any certificates with this form. Minimum educational requirements for this post are

1. A FETAC level 3 major qualification on the National Framework of Qualifications, OR
2. A minimum of three grade Ds in the Junior Certificate, OR
3. Equivalent

The successful candidate may be required to supply original documentation in relation to other qualifications to the Board of Management prior to appointment.

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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. Manual Handling, First Aid..)

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

School Name	Address	Duties	Date from	Date to

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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 in a school for students with moderate, severe and profound learning disability.

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A large, empty rectangular box with a black border, intended for the typed response to the selection board.

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

8. Please give the names of two referees: Referees should not be related to the applicant.

(1) Name

(2) Name

Address

Address

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

Phone Number(s)*
Work:
Home:
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.*

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9. **Signature of Applicant** **Date**