



St. Marks Community School

POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM

Application forms must be typed.

Applicant's Name: _____

- Completed application forms should be returned to the:

Secretary of the Board of Management,

St. Marks Community School,

Cookstown Road, Tallaght

Dublin 24. D24VW22

Phone: 01-4519399

Email: iboran@stmarkscs.ie or office@stmarkscs.ie

- Applicants should note that the Board of Management will nominate a date and time for interviews.
- The Board of Management will not acknowledge receipt of completed application forms but will notify each applicant of the success or otherwise of his/her application, following interview.
- Application forms must be typed and application forms must be signed.

For Official Use Only
Received:
Date:
Time:

1. Personal Details

Name

Address

Home Tel. No.

Mobile Phone No.

Email 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

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

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	<input type="text"/>	(2) Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Phone Number(s) *		Phone Number(s) *	
Work	<input type="text"/>	Work	<input type="text"/>
Home	<input type="text"/>	Home	<input type="text"/>
Mobile	<input type="text"/>	Mobile	<input type="text"/>

* 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 _____