APPLICATION FORM SPECIAL NEEDS ASSISTANT CELBRIDGE COMMUNITY SCHOOL

The information you provide on this form will be treated in confidence.

| 1.PERSONAL DETAILS: | | | |
|---|-------------------------|----------------------------|-----------------------|
| NAME: | | Phone No.: (Home): | |
| ADDRESS: | | Mobile Phone No.: | |
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| Have you previously applie | ed or been interviewed | d for a position at Celbri | dge Community School? |
| 2. 2 nd LEVEL EDUCATION | N: School: | · | |
| Please note that the minimum Level 3 major qualification on the Junior Certificate <u>OR</u> Equi | the National Framework | • • | • |
| FETAC Level 3/Inter/Junio | r Certificate or equiva | lent Year | |
| Subjects and grades achie | eved: | | |
| Subject | Grade | Subject | Grade |
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| Leaving Certificate or equi | valent: | Year: | |
| Subjects and grades achie | ved: | | |
| Subject | Grade | Subject | Grade |
| | | | |
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| 3. ADDITIONAL QUALIFICATIONS: Diplômas/Certificates etc. | | | | | |
|--|-------|---------|-----------------|--|--|
| Qualification: | | _ Year | Awarding Body: | | |
| Qualification: | | Year | Awarding Body: | | |
| 4. OTHER RELEVANT, NON-ACCREDITED COURSES (e.g. First Aid, Art/Craft etc.) | | | | | |
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| 5. EMPLOYMENT EXPERIENCE | | | | | |
| Experience in a Special Needs Assistant role: | | | | | |
| Dates | Schoo | ol Name | Position/Duties | | |
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Other employment experience:

| Dates | Employer | Position/Duties |
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| 6. Please detail below | any/other work experience wh | ich you feel might to relevant to your |
| application. (You may | wish to attach an A4 sheet detail | ling this if necessary). |
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| 7. State reasons below | w why you wish to be consider | ed for this position. |
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8. REFERENCES

Please provide the names of two people (other than relatives or friends) with knowledge of you and your work to whom professional references can be made. One should be your current or most recent employer. (Please note that your referees may be contacted without further communication with you and prior to selection interview if shortlisted for interview).

| Referee 1 | |
|---|-------|
| Name: | |
| Position: | |
| Address: | |
| Telephone/mobile number: | |
| Referee 2 | |
| Name: | |
| Position: | |
| Address: | |
| Telephone/mobile number: | |
| 9. DECLARATION AND SIGNATURE | |
| In the event of you being recommended for this position, the Board of Management is obliged to comply with the terms of current DES circular letters. | e |
| In line with the terms of CL 31/2016, if you are recommended for this position, a vetting disclosure must be obtained from the National Vetting Bureau <u>prior</u> to the commencement of employment with the school. | |
| Any offer of employment will be subject to the school receiving a satisfactory garda vetting disclosure prior to employment. The Board of Management may withdraw an offer of employment if a satisfactory vetting disclosure not received. | re is |
| The Board of Management cannot enter into a Contract of Employment without first receiving a vetting disclosu | ıre. |
| You are also required to sign the declaration below certifying that all information you have provided is accurate. | |
| The Selection Committee may wish to check any of the details you have provided. | |
| Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or, where discovery is made after an appointment, in summary dismissal. | he |
| I declare that the information supplied in this application form is accurate and true. | |
| Signed Date | |

Closing date for receipt of Application form is the 4pm 13th September 2024. Only shortlisted candidates will be notified.

Completed and signed Application Forms should be returned by email only to: Gerard O'Leary - recruitment@celbridgecs.ie

| For Official Use Only |
|-----------------------|
| Date received: |
| |
| Time received: |
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