APPLICATION FORM CLERICAL OFFICER MALAHIDE 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.	<u> </u>
		_ Email Address:	
Have you previously appl	ied or been interviewed	d for a position at Malahi	de Community School?
2. 2 nd LEVEL EDUCATION	ON: School:	·	
Please note that the minimum Level 3 major qualification of the Junior Certificate OR Eq	n the National Framework		•
FETAC Level 3/Inter/Juni	or Certificate or equiva	lent Year	
Subjects and grades achi	ieved:		
Subject	Grade	Subject	Grade
Leaving Certificate or equ	uivalent:	Year:	
Subjects and grades achi	ieved:		
Subject	Grade	Subject	Grade

3. ADDITIONAL QUAL	IFICATIONS: Diplôm	nas/Certificates etc.			
Qualification:	Year	Awarding Body:			
Qualification:	Year	Awarding Body:			
4. OTHER RELEVANT, NON-ACCREDITED COURSES (e.g. First Aid, Art/Craft etc.)					
5. EMPLOYMENT EXP	ERIENCE				
Experience in a Special Needs Assistant role:					
Dates	School Name	Position/Duties			

Other employment experience:

Dates	Employer	Position/Duties
		ich you feel might be relevant to your
application. (You may	wish to attach an A4 sheet detail	ling this if necessary).
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 terms of current DES circular letters.	the
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 received.	
The Board of Management cannot enter into a Contract of Employment without first receiving a vetting disclos	sure.
You are also required to sign the declaration below certifying that all information you have provided is accurat	te.
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 selection process or, where discovery is made after an appointment, in summary dismissal.	ı the
I declare that the information supplied in this application form is accurate and true.	
Signed Date	_

Closing date for receipt of Application form is Tuesday, 23rd August 2022 at 13:00. Only shortlisted candidates will be notified.

Completed and signed Application Forms should be returned by post to: *The Secretary, Board of Management, Malahide Community School, Broomfield, Malahide, Co. Dublin.*

Or

Completed application forms may be returned by email to: office@malahidecs.ie

For Official Use Only
Date received:
Time received: