POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM

School:		
(If comp	pleting this form by hand, please use a ballpoi	nt pen or black ink)
Applicant's Name		
Completed and Sig	ned Application Forms should be returned by post The Chairperson Board of Management	<u>:</u> to:

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.

For Official Use Only
Received:
Date:
Time:

	PERSON	AL DETAIL	S:				
1	Name						
	Home Address				Mobile F	e Tel. No. Phone No. il Address	
2	Junior particul	Cert or eq	quivalent and	l further ed	first (Include s lucation (though may be reque	not a requi	
		Qualificat	tion	Schoo	ol/College	Results	Year of Award
3	Other re	elevant, no	on-accredited	courses – n	nost recent first:	(e.g. First Aid	d, Art/Craft)
4	Experie	nce of Spe	cial Needs As	ssistant role	- most recent fir	est.	
	Schoo	ol Name	Addr	ess	Duties	Date from	n Date to

5 Other employment experience - most recent first.

Position	Employer/Project	Duties	Date from	Date to

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rease in	dicate bri	eriy you	r unaers	tanding	or the ro	ne or a Sp	ecial Needs	SASSIS	stant

Additional	information	(not alrea	ady mention	<i>ed</i>) in suppo	ort of your a	pplication	l	
personal	e the names characterist nal qualificat	ics and	one should	d be in a	position to	comme	nt on	your
(1) Name				(2) Name				
				Address				
Address				Address				
Phone	Work:			Phone	Work:			
Number(s)*	Home:			Number(s)*	Home:			
	Mobile:				Mobile:			
	able that referee can be contacte				ol times, it is cr	rucial that pl	none nun	nbers at
Signature Applicant	of					Date		