All information provided in this form is confidential to the Selection Board
(This form should be typed or completed using block capitals in black ink)

POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM

School: _____

(If completing this form by hand, please use a ballpoint pen or black ink)

Applicant's Name	

Completed and Signed Application Forms should be returned online to:

The Chairperson
Board of Management
vacancykiltrustanns@gmail.com

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:

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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. First Aid, Art/Craft….)

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

School Name	Address	Duties	Date from	Date to

5 · 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

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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 <u>not</u> be related to the applicant.

(1) Name		**(2) Name**	
Address		**Address**	
Phone Number(s)*	**Work:**	**Phone Number(s)***	**Work:**
	Home:		**Home:**
	Mobile:		**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.*

9 Signature of Applicant		**Date**			