

# APPLICATION FORM

## SPECIAL NEEDS ASSISTANT

### St Aidan's Comprehensive School

**Valid Panel Form** Yes ☐ No ☐ *if yes, please provide a copy with your application.*

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

#### PERSONAL DETAILS:

NAME: \_\_\_\_\_ Phone No.: (Home): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ Mobile Phone No.: \_\_\_\_\_  
\_\_\_\_\_ Email Address: \_\_\_\_\_

Have you previously applied or been interviewed for a position at St Aidan's Comprehensive School? \_\_\_\_\_

**2<sup>nd</sup> LEVEL EDUCATION:** School: \_\_\_\_\_

Please note that the minimum required standard of education for appointment to this post is A FETAC Level 3 major qualification on the National Framework of Qualifications OR a minimum of three grade Ds in the Junior Certificate OR Equivalent.

FETAC Level 3/Inter/Junior Certificate or equivalent \_\_\_\_\_ Year \_\_\_\_\_  
(please specify)

Subjects and grades achieved:

Subject	Grade	Subject	Grade

Leaving Certificate Or equivalent: \_\_\_\_\_ Year \_\_\_\_\_  
(please specify)

Subjects and grades achieved:

Subject	Grade	Subject	Grade

**Additional Qualification: Diplomas/Certificates etc.**

Title: \_\_\_\_\_ Year \_\_\_\_\_ Awarding Body: \_\_\_\_\_

Title: \_\_\_\_\_ Year \_\_\_\_\_ Awarding Body: \_\_\_\_\_

**Other relevant, non-accredited courses (e.g. First Aid, Art/Craft etc.)**


**EMPLOYMENT EXPERIENCE**

**Experience in a Special Needs Assistant role (please start with most recent experience)**

Dates	School Name	Duties

**Please detail below any/other work experience which you feel might to relevant to your application.** (You may wish to attach an A4 sheet detailing this if necessary).

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**State reasons below why you wish to be considered for this position;**

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## 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.

### Referee 1

<b>Name:</b>
<b>Position:</b>
<b>Address:</b>
<b>Telephone:</b>
<b>Mobile number:</b> (must be provided)

### Referee 2

<b>Name:</b>
<b>Position:</b>
<b>Address:</b>
<b>Telephone:</b>
<b>Mobile number:</b> (must be provided)

I confirm that the information contained in this Application Form is correct.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Only shortlisted candidates will be notified.

Completed and signed Application Forms should be returned to: *The Secretary, Board of Management, St Aidan's Comprehensive School, Cootehill Co Cavan.*

<b>For Official Use Only</b>
<b>Date received:</b>
<b>Time received:</b>