POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM



Greystones Community National School

Applicant's Name		
Completed Application Forms Date. (refer to advertisement	should be returned by email to ar for closing date).	rrive by 3.30 p.m. on <u>Closing</u>
qualifications. The successful	certificates with this form. Please candidate may be required to su to the Board of Management prior to	pply original documentation in
	For Official Use Only	
	Received:	
	Date:	
	Time:	

PERSONA	AL DETAIL	S:					
Name							
Home				Hom	e Tel. No.		
Address					Mobile Phone No.		
				E-Mai	il Address		
					L		
equivale	ent and fu	rther educat	ion (though	first (Include sed not a requireme furnish supporting	nt for this	partic	ular post). A
Qualification		School/College		Results	Y	Year of Award	
Other re	elevant, no	n-accredited	courses – ı	most recent first:	(e.g. First A	Aid, Ar	t/Craft)
Experie	nce of Spe	cial Needs As	ssistant role	e - most recent fire	st.		
Schoo	l Name	Addr	ess	Duties	Date fr	om	Date to

Other employment experience - most recent first.

Position	Employer/Project	Duties	Date from	Date to

Please give more detail of your experience of working with children with ASI	D.
What is your understanding of the ethos of Greystones CNS? How do you feel at	bout
working in such a school?	

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: Mobile:			Home: Mobile:				
•		s will have to be contacte cted (three if possible) ar	•	ool times, it is c	rucial th	hat pho	one nui	mbers
Signature Applicant	of				Date			