POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM

| Cabaalı | Killinkere National School | | | | | |
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| School: | | | | | | |
| | (If completing this form by hand, please use a ballpoint pen or black ink) | | | | | |
| Applican Name | t's | | | | | |
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Completed and Signed Application Forms should be returned **by post** to:

The Chairperson
Board of Management
Killinkere NS,
Ardmor,
Termon,
Virginia,
Co. Cavan
A82X302

to arrive by **5.30 p.m.** on **12th September 2019**

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 |
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| Received: |
| Date: |
| Time: |

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5 Other employment experience - most recent first.

| Position | Employer/Project | Duties | Date from | Date to |
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| 6 | Please indicate bri | efly your understanding | of the role of a Spe | cial Needs Assi | stant |
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| Additional i | nformation (| not alrea | dy mention | ed) in suppo | rt of your a | application | 1 | |
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| Phone Number(s)* | Work: | | | Phone Number(s)* | Work: | | | |
| | Home: | | | | Home: | | | |
| | Mobile: | | | - | Mobile: | | | |
| | ible that referee. es can be conta | | | d outside of scho g given. | ool times, it is | crucial that | phone nu | mbers |
| Signature Applicant | of | | | | | Date | | |