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 Sign	d Application Forms should be returned by post	<u>:</u> to:						
	`APPLICATION' The Chairperson, St.Nessan's NS, Mungret, Limerick							

to arrive by **5.30 p.m.** on 17^{TH} JULY 2020.

<u>Please DO NOT send a Curriculum Vitae with this form.</u> 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				Hom	e Tel. No.	
A	Address			Mobile F	hone No.		
					E-Mai	l Address	
2	Junior particul	Cert or eq	quivalent and	d further e	first (Include s ducation (though t may be reque	not a requ	irement for this
		Qualificat	ion	Scho	ol/College	Results	Year of Award
3	Other re	elevant, no	on-accredited	l courses – ı	nost recent first:	(e.g. First Ai	d, Art/Craft)
4	Experie	nce of Spe	cial Needs As	ssistant role	- most recent fir	st.	
	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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ease indicate bri	efly your un	derstanding	g of the role o	f a Special I	Needs Ass	istant
		•		•		

Additional	information (not alrea	ady mentioi	ned) in suppo	ort of your a	pplicatio	n		
personal	characteristication	cs and	one shoul	ne should be i ld be in a ng. Referee	position to	comm	ent	on	your
(1) Name				(2) Name					
				Address					
Address									
Phone	Work:			Phone	Work:				
Number(s)*	Home:			Number(s)*	Home:				
	Mobile:				Mobile:				
_	able that referees can be contacted			d outside of schoo iven.	ol times, it is cr	rucial that	phone	num	ıbers at
Signature Applicant	of					Date			