POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM

School: St. Brendan's NS		
(If completing this	form by hand, please use a ballpo	int pen or black ink)
Applicant's Name		
Completed and Signed Applica	tion Forms should be returned by pos	<u>st</u> to:
St. Ne Hu	e Chairperson Board of Manageme Brendan's NS wmarket gginstown Kilkenny	nt
to arriv	e by 5.30 p.m. on <u>Thursday 17th Se</u>	<u>ptember</u>
Please DO NOT send a Curr recruitment process.	iculum Vitae with this form. This	may be requested later in the
post are Inter Cert or Junior	ertificates with this form. Minimum e Cert or equivalent qualification/s. The documentation in relation to other nent.	ne successful candidate may be
	For Official Use Only	
	Received:	
	Date:	
	Time:	

	PERSON	AL DETAIL	S:				
1	Name						
Home Address					Mobile P	e Tel. No. hone No.	
					L-Man	Address	
2	Junior particul	Cert or ed	quivalent and	d further e	t first (Include se ducation (though t may be reque	not a requii	rement for this
		Qualificat	ion	Scho	ool/College	Results	Year of Award
3	Other re	elevant, no	on-accredited	courses – ı	most recent first: (e.g. First Aid,	Art/Craft)
4	Experie	nce of Spe	cial Needs As	ssistant role	e - most recent firs	t.	
	Schoo	ol Name	Addr	ess	Duties	Date from	Date to

5 Other employment experience - most recent first.

Position	Employer/Project	Duties	Date from	Date to

6	Please indicate brid	efly your understanding	of the role of a Spe	ecial Needs Assi	stant					
i	Please indicate briefly your understanding of the role of a Special Needs Assistant									

Additional i	nformation (not alrea	dy mention	ed) in suppo	rt of your a	pplication	on		
personal c	haracteristic	s and one	should be	e should be i in a position ould <u>not</u> be r	to comme	nt on you	ur pr	ofess	
(1) Name				(2) Name					
				Address					
Address				-					
]					
Phone Number(s)*	Work:			Phone Number(s)*	Work:				
	Home:			,	Home:				
	Mobile:		-	Mobile:					
* As it is proba	able that referee.	s will have i	to be contacte	d outside of scho	ool times. it is	crucial tha	at pho	ne nu	mbers
	es can be contac						·· I		
Signature Applicant	of					Date			