POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM

School: St Rose's NS, Tallaght, D24 T324

(If completing th	is form by hand, please use a ballpoint	t pen or black ink)
Applicant's Name		
Completed and Signed Applicati	on Forms should be returned <u>by post</u> to) :
	The Chairperson Board of Management St Rose's NS Tallaght D24 T324	
to	arrive by 3 p.m. on 18th September 20	<u>)20</u>
Please DO NOT send a Curricul process.	um Vitae with this form. This may be	requested later in the recruitment
are 1. A FETAC level 3 major qu 2. A minimum of three grade 3. Equivalent	tificates with this form. Minimum education on the National Framework of Ds in the Junior Certificate, OR be required to supply original document prior to appointment.	Qualifications, OR
The second of the		
	For Official Use Only	
	Received:	

Date:

Time:

All information provided in this form is confidential to the Selection Board (This form should be typed or completed using block capitals in black ink)

equivalent and further education (though not a requirement for this particular post). A successful applicant may be requested to furnish supporting documentation. Qualification		PERSON	NAL DETAI	LS:					
2. Educational Qualifications — most recent first (Include second level e.g. Inter Cert, Junior Cert or equivalent and further education (though not a requirement for this particular post). A successful applicant may be requested to furnish supporting documentation. Qualification School/College Results Year of Award	1.	Name							
equivalent and further education (though not a requirement for this particular post). A successful applicant may be requested to furnish supporting documentation. Qualification						M			
3. Other relevant, non-accredited courses – most recent first: (e.g. First Aid, Art/Craft) 4. Experience of Special Needs Assistant role - most recent first.	2.	equivale	ent and furt	ther education	(though not	a requirement	for this particul		
4. Experience of Special Needs Assistant role - most recent first.			Qualificat	alification School/C			Resul	ts Y	Year of Award
4. Experience of Special Needs Assistant role - most recent first.									
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	3.	Other r	elevant, non	-accredited co	ourses – most	recent first:	(e.g. First Aid, A	.rt/Craft	t)
School Name Address Duties Date from Date to	4.	Experie	ence of Speci	al Needs Assis	stant role - m	ost recent fir	st.		
		Scho	ol Name	Addı	ress	Duties	S Date	from	Date to

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5. Other employment experience - most recent first.

Position	Employer/Project	Duties	Date from	Date to

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Additional in	nformation (<i>ne</i>	ot already n	<i>nentioned</i>) i	n support of y	our applicat	ion		
characteris	the names of t tics and one sh ning. Referees	ould be in	a position t	o comment on	your profes			
(1) Name			_	(2) Name				
				· 				
Address				Address				
Phone	Work:			Phone	Work:			
Number(s)*			Number(s)*					
	Home:				Home:			
	Mobile:				Mobile:			
	uble that referees es can be contac				ool times, it is c	erucial that ph	one nu	mbers
9. Signature o	of Applicant					Date		