

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)

*Mountrath  
Community  
School*  
Pobalscoil Mhaighean



*Ms. Siobhán McCarthy*  
Principal  
*Ms. Monica White*  
Deputy Principal  
*Mr. Denis Boland*  
Deputy Principal

## POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM

School: Mountrath Community School

*(If completing this form by hand, please use a ballpoint pen or black ink)*

Applicant's  
Name

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Completed and Signed Application Forms should be returned **by post** to:

<p><i>The Chairperson Board of Management Mountrath Community School, Dysertbeigh, Mountrath, Co Laois</i></p>
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to arrive by **4.00 p.m.** on **Monday the 5<sup>th</sup> October 2020.**

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
Received:
Date:
Time:

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**PERSONAL DETAILS:**

1 Name

Home Address		Home Tel. No.	
		Mobile Phone No.	
		E-Mail Address	

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

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.

School Name	Address	Duties	Date from	Date to

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**5 Other employment experience - most recent first.**

<b>Position</b>	<b>Employer/Project</b>	<b>Duties</b>	<b>Date from</b>	<b>Date to</b>

**6 Please indicate briefly your understanding of the role of a Special Needs Assistant**

**7 Additional information (*not already mentioned*) in support of your application**

**8 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 not be related to the applicant.**

(1)  
Name

(2) Name

Address


Address


Phone  
Number(s)\*

Work:
Home:
Mobile:

Phone  
Number(s)\*

Work:
Home:
Mobile:

*\* As it is probable that referees will have to be contacted outside of school times, it is crucial that phone numbers at which referees can be contacted (three if possible) are given.*

**9 Signature of  
Applicant**

Date

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