



## **APPLICATION FORM FOR SNA POST**

## Brannoxtown Community National School December 2021

Applicant's Name	
Position applied for	Special Needs Assistant (SNA), Brannoxtown CNS
	This is a full-time, standard SNA post.

Roll Number	16817P
Director of Schools	Mr. Ken Scully, KWETB
Chairperson	Ms. Deirdre O' Donovan
School	Brannoxtown Community National School (CNS)
Address	Brannockstown, Kilcullen
County	Co. Kildare
Eircode	W91 NY67

## **Please Note:**

- 1. The application form must be emailed to the address specified on <a href="www.educationposts.ie">www.educationposts.ie</a>:
  - bcnsrecruitment@kwetb.ie
- 2. The completed form must arrive to the address on or before the date and time as specified in the advertisement.
  - Wednesday 12th January, 2022
- 3. Canvassing will disqualify.

## DO NOT

- a. Send a Curriculum Vitae with this form. You may be asked to provide a CV at a later stage of the recruitment process
- b. Enclose any certificates with this form. The successful candidate may be required to present original documents in relation to Qualifications prior to appointment.

For official use only	Received By:	Date:	Time:	Short listing score:

PERSONAL DETAILS					
Name					
Home Address			Mobile Telephone:		
			Other Telephone:		
E-mail Address		L			
1					
SNA EXPERIENCE - N School Name		:	Position h	ald	Dates
School Name	Address		Position ii	eiu	Dates From
					То
					From
					То
					From
					То
					From
					То
					From
					То
Qualificat		Awa	rding University, ege or Institute	Overall Grade	Year of Award
Most relevant cou	RSES TAKEN/PI	ROFESSIO	NAL DEVELOPMENT	- MOST RECENT F	IRST:

OTHER RELEVANT EMPLOYM	-		
Employer/Project	Position	Duties	Dates
			From
			То
			From
			То
			From
			То
			From
			То
			From
			То
AREAS OF SPECIAL INTERE	ST - CURRICULAR /O	THER	
Area		Expertise/Experience	
Area		Expertise/ Experience	
1. WHAT IS YOUR UN	IDERSTANDING OF TH	E ROLE OF SPECIAL NEEDS AS	SISTANT?
	NOT MORE THAN		
2. How have you support	ED CHILDREN WITH S	PECIAL NEEDS IN YOUR SNA C	AREER TO-DATE?
GIVE EXAMPLES OF	THE CHILD'S NEEDS	AND YOUR INTERVENTIONS/A	CTIONS.
	NOT MORE THAN	150 WORDS.	
		ANT STRENGTHS AND QUALITI	
YOU WOULD BRI		OF SNA AT BRANNOXTOWN (	INS?
	NOT MORE THAN	150 WORDS.	

4. Why are you applying for this position?  Not more than 150 words.				
REFEREES: NAMES & CONTACT DETAILS  Note: Please provide contact information for two referees who know you in a professional capacity. Close relatives and friends should not be listed as referees.				
Referee 1 (pro	ofessional)	F	Referee 2 (Professional)	
Name		Name		
Role		Role		
Address		Address		
Phone Number 1:		Phone Number 1:		
Phone Number 2:		Phone Number 2:		
Email:		Email:		
Note:  If it is not possible for you to include your electronic signature below, please type your name and add the following statement underneath your name:  I enter my name electronically in place of my signature and I agree to be bound by the terms setout herein.				
Signature:		[	Date:	