

POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM

School: GONZAG	A COLLEGE SJ
Applicant's Name	
3 Completed and Si	gned Application Forms should be returned to:
	The Headmaster, c/o creid@gonzaga.ie Gonzaga College, Sandford Road SJ, Dublin, D06 Kf95
	by 5.00 p.m. on 12th August 2022
Please DO NOT se	nd a Curriculum Vitae with this form.
qualification/s. The	al requirements for this post are Inter Cert or Junior Cert or equivalent successful candidate will be required to supply original documentation ir lifications to the Board of Management prior to appointment.
	For Official Use Only
	Received:
	Date:
	Timor



	PERSON	AL DETAILS:					
1	Name						
	Home			Home	e Tel. No.		
Address			Mobile Phone No.				
				E-Mai	l Address		
	Eircode						
2	equival	onal Qualifications – m ent and further educat Iful applicant will be red	ion (though not	a requireme	nt for this	part	ticular post). A
		Qualification	School/C	ollege	Results	;	Year of Award
3	Other re	elevant, non-accredited	l courses – most	recent first:	(e.g. First	Aid,	Art/Craft)
4	Experie	nce of Special Needs As	ssistant role - m	ost recent fir	st.		

Duties

Date from

Date to

Address

School Name



5 Other employment experience - most recent first.

Position	Employer/Project	Duties	Date from	Date to

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



Additional i	nformation (<i>not alrea</i>	dy mentioned) in suppo	ort of your application
personal	characteristics, and	one should be in a	in a position to comment on your position to comment on your s should <u>not</u> be related to the
(1) Name		(2) Name	
Address		Address	
ione imber(s)*	Work:	Phone Number(s)*	Work:
	Home:		Home:
	Mobile:		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.					
Signature of Applicant	Di	ate			