

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)

**POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM**



# Ursuline Secondary 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 emailed to:

<b>ucbjobapplication@gmail.com</b>
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**To arrive on or before Wednesday 6<sup>th</sup> December 2017.**

**SNA's who have a Panel Form 1 (PF1) must enclose a completed copy of the PF1 form with this application. You may also enclose copies of references.**

Please DO NOT send a Curriculum Vitae with this application form. This may be requested later in the recruitment process.

Please DO NOT enclose any certificates with this form. The successful candidate may be required to supply original documentation in relation to other qualifications to the Board of Management prior to appointment.

<b>For Official Use Only</b>
Received:
Date:
Time:

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**PERSONAL DETAILS:**

**1 Name**

**Home Address**


<b>Home Tel. No.</b>	<input style="width: 100%; height: 25px;" type="text"/>
<b>Mobile Phone No.</b>	<input style="width: 100%; height: 25px;" type="text"/>
<b>E-Mail Address</b>	<input style="width: 100%; height: 25px;" type="text"/>
	<input style="width: 100%; height: 25px;" type="text"/>

**2 Educational Qualifications – most recent first** (*Include second level e.g. Inter Cert, Junior Cert or equivalent and further education*). *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)\***

<b>Work:</b>
<b>Home:</b>
<b>Mobile:</b>

**Phone  
Number(s)\***

<b>Work:</b>
<b>Home:</b>
<b>Mobile:</b>

*\* 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. Also make sure the numbers are up to date and in service*

**9 Signature of  
Applicant**

**Date**

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