|  |  |  |
| --- | --- | --- |
| Graphical user interface, text, application  Description automatically generated | **Brannoxtown Community National School****www.brannoxtowncns.ie****brannoxtowncns@kwetb.ie** | Chart  Description automatically generated with medium confidence |

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 [www.educationposts.ie](http://www.educationposts.ie):
* **bcnsrecruitment@kwetb.ie**
1. The completed form must arrive to the address on or before the date and time as specified in the advertisement.
	* **Wednesday 12th January, 2022**
2. Canvassing will disqualify.

**DO NOT**

* 1. Send a Curriculum Vitae with this form. You may be asked to provide a CV at a later stage of the recruitment process
	2. 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** |  |

|  |
| --- |
| SNA Experience - most recent first:  |
| School Name | Address | Position held | Dates |
|  |  |  | FromTo |
|  |  |  | FromTo |
|  |  |  | FromTo |
|  |  |  | FromTo |
|  |  |  | FromTo |

|  |
| --- |
| **Education Qualifications –** most relevant first**:**The successful candidate may be asked to present original documents |
| Qualification | **Awarding University, College or Institute** | **Overall Grade** | **Year of Award** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Most relevant courses taken/Professional Development– most recent first:  |
|  |

|  |
| --- |
| Other Relevant employment experience - most recent first: |
| Employer/Project | Position | Duties | Dates |
|  |  |  | FromTo |
|  |  |  | FromTo |
|  |  |  | FromTo |
|  |  |  | FromTo |
|  |  |  | FromTo |

|  |
| --- |
|  **Areas of special interest – curricular /other** |
| Area  | Expertise/Experience |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **1. What is your understanding of the role of Special Needs Assistant?** Not more than 150 words. |
|  |

|  |
| --- |
| **2. How have you supported children with special needs in your sna career to-date?****give examples of the child’s needs and your interventions/actions.**Not more than 150 words. |
|  |

|  |
| --- |
| **3. What are the most significant strengths and qualities you would bring to the position of SNA at Brannoxtown CNS?** 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 (professional)** | **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 set-out herein.* |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
|  |  |  |  |

 |