

**APPLICATION FORM
Special Needs Assistant Post Full time CID (Contract of Indefinite duration)
 Centre of first assignment: Killorglin Community College**

Completed application forms will be accepted via email (jobs@kerryetb.ie),

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**Please note that all areas of the application form must be fully completed giving as much detail as possible of your skills, abilities experience relating to this post application as shortlisting will be based on the information gathered from this form.**

All sections must be completed in full and typed (The form will expand to accommodate the text you enter).

1. **Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Work No:** |  |
| **Address for****Correspondence:** |  | **Mobile No:**  |  |
|  | **Home No:** |  |
|  |  | **Email:** |  |
| **Are you currently on career break?** |  |
| **Have you availed of the Incentivised Scheme for Early retirement (ISER)?** |  |
| **Are you in receipt of a state Pension?** |  |

|  |  |  |
| --- | --- | --- |
| **Competency in the Irish Language** | **YES** | **NO** |
| **Medical Experience** | **YES** | **NO** |

1. **Current or Most Recent Appointment**

Yes:  No: 

Are you currently employed by Kerry ETB?

If **yes**, complete section (a) below

If **no**, complete section (b) below

1. **Current employees of Kerry ETB**

|  |  |  |
| --- | --- | --- |
| **Department/school/ adult education centre/programme** | **Title of Post** | **Starting Date** |
|  |  |  |

**(b) External applicants - where you work now, or your last job**

|  |  |
| --- | --- |
| **Employer’s name** |  |
| **Employer’s address** |  |
| **Starting date** |  |
| **Position held and nature of work** |  |
| **Leaving date (if applicable)** |  |
| **Current Annual Salary** |  |
| **When could you be available for work, or what notice period is required by your current employer?** |
|  |
| **Reason for leaving if no longer employed?** |
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**Are there any restrictions on your right to work in Ireland?**

Yes: No:

If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Previous Appointments**

Please list all your previous appointments. This should also include voluntary and temporary work. Continue on a separate sheet if necessary.

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| --- | --- | --- | --- |
| **Dates employed to/from** | **Name & address****of employer** | **Position held and nature of work** | **Reason for****leaving** |
|       |       |       |       |
|       |       |       |       |

1. **Details of Qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Award** | **Institution** | **Title of Course & Areas of Study** | **Year** | **Level of Award** |
|  |  |  |  |  |
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1. **Do you hold a Level 5 or equivalent Award in Childcare or Special Needs Assistant qualification?     Yes  No **

**(If yes, please list all modules undertaken to achieve this award?)**

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **7.** |  |
| **8.** |  |

 **Have you completed the TUSLA Child First Training?**

 **Please Tick**

 **Yes:  No: **

**please provide details of proficiency you may have (oral and/or written) in languages other than english**

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1. **Any further information of relevance (Achievements, Interests, Membership of Organisations, etc)**

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**7. How you meet the selection criteria**

Drawing upon your experience, skills, abilities and qualifications explain how you meet the requirements of the Panel. Please try and limit your response to no more than four A4 size pages

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**REFERENCES**

Please provide names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work to whom professional reference can be made. One should be your current or most recent employer. Both people should been in a position of responsibility within the employing organisation(s). They must not be related to you, or be known to you only as a friend. If you are unable to provide these please give details of someone who knows you in other than a personal capacity and who is prepared to provide a reference to you.

[*Please note: your referees may be contacted without further communication with you and prior to interview if shortlisted for interview]*.

|  |  |
| --- | --- |
| **1st Referee** | **2nd Referee** |
| **Name:** |  | **Name:** |  |
| **Organisation Name & Address** | **Organisation Name & Address** |
|  |  |
| **Telephone No./Ext & Email Address** | **Telephone No./Ext & Email Address** |
|  |  |
| **Position Held:** |  | **Position Held:** |  |
| **Your work connection with this referee** | **Your work connection with this referee** |
|  |  |
| **If you were known by another name when employed please specify:** | **If you were known by another name when employed please specify:** |
|  |  |
| **Dates of employment to/from (if applicable)** | **Dates of employment to/from (if applicable)** |
|  |  |

**Please read before signing this application form**

The accuracy of information provided may be checked with other organisations. Provision of false or misleading information may amount to a criminal offence. Kerry ETB may obtain from or provide information to third parties for the purposes of the detection and prevention of crime.

The organisation may data match information it holds about its employees for the prevention and detection of crime.

I declare that the information I have provided is true and accurate and that I have not omitted any material facts. I accept that the offer of employment is conditional on the provision by me of true, accurate information with no material omissions.

I give my consent to Kerry ETB making such reasonable enquiries as it sees fit in respect of my application. The submission of this application is taken as consent to do this.

I accept that once I have commenced employment, Kerry ETB will be entitled to terminate my contract without notice or withdraw the offer of employment if information in this application is untrue or inaccurate or if there are material omissions from it.

Before signing this form, please ensure that you have replied fully to all questions asked.

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |