



DIOCESE OF KILDARE AND LEIGHLIN

APPLICATION TO PATRON FOR APPROVAL OF SNA APPOINTMENT

The Board of Management of _____ School.

ROLL NUMBER: _____ COUNTY: _____ PARISH: _____

having followed all appropriate procedures, ask for the Patron's approval for

_____ to be appointed as a Special Needs Assistant

The appointment was made by offering Additional Hours YES No

The Candidate had a Panel Form 1 YES No

THE POSITION IS

PERMANENT PART TIME FIXED TERM SUBSTITUTE

IF INTERVIEW TOOK PLACE THE INTERVIEW BOARD MEMBERS WERE:

CHAIRPERSON: _____

PRINCIPAL: _____

INDEPENDENT ASSESSOR: _____

DATE OF INTERVIEWS: _____

SIGNED: _____ Date: _____
(Chairperson)

FOR DIOCESAN EDUCATION OFFICE USE ONLY

I hereby give my approval for the person named above to be appointed as a Special Needs Assistant in the above school.

SIGNED: _____ DATE: _____
Most Rev Denis Nulty Bishop
of Kildare & Leighlin