

All information provided in this form is confidential to the Selection Committee (This form should be typed or completed using block capitals in black ink)



**Presentation Secondary School**  
**Mitchelstown, Co. Cork**  
**(Meánscoil na Toirbhirte)**

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

**(If completing this form by hand, please use a ballpoint pen or black ink)**

**Applicant's Name :** \_\_\_\_\_

Completed and Signed Application Forms should be returned

by email to: [recruitment@presmitchelstown.ie](mailto:recruitment@presmitchelstown.ie)

By post to: Lorraine O'Keeffe, Principal, Presentation Secondary School, Mitchelstown, Co. Cork

**Closing Date To arrive on/before 1pm on Friday 2<sup>nd</sup> May 2025.** Minimum required standard of education for appointment to the post of SNA is:

1. A level 3 qualification on the National Framework of Qualifications, OR
2. A minimum of the three Ds in the Junior Certificate OR
3. Equivalent

For Official Use Only
Received
Date:
Time:

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1.

Personal Details	
Name	
Address	
Telephone	
Mobile	
Email	

2. Educational Qualifications – most recent first (Include second level e.g. Inter Cert, Junior Cert or equivalent and further education (though not a requirement for this particular post). 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

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

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.

**Referees:**

Name:		Name:	
Address:		Address:	
Work no.		Work no.	
Mobile no:		Mobile no.	
Email:		Email:	

*\* 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.*

*"I certify to the Board of Management that the information provided in this application from is true and correct."*

**Signature of Applicant:**

**Date:**