

APPLICATION FORM

**SPECIAL NEEDS ASSISTANT with specific
responsibility for the ASD special class.**

ASHBOURNE COMMUNITY SCHOOL

VACANCIES 2026-27



The information you provide on this form will be treated in confidence.

1. PERSONAL DETAILS:

NAME: _____ Phone No.: (Home): _____
ADDRESS: _____ Mobile Phone No.: _____
Email Address: _____

Have you previously applied or been interviewed for a position at **Ashbourne Community School**?

Yes ☐

No ☐

2. 2nd LEVEL EDUCATION:

School: _____

Please note that the minimum required standard of education for appointment to this post is A FETAC Level 3 major qualification on the National Framework of Qualifications OR a minimum of three grade Ds in the Junior Certificate OR Equivalent.

FETAC Level 3/Inter/Junior Certificate or equivalent

Year _____

Subjects and grades achieved:

Subject	Grade	Subject	Grade

Leaving Certificate or equivalent:

Year: _____

Subjects and grades achieved:

Subject	Grade	Subject	Grade

3. ADDITIONAL QUALIFICATIONS: Diplômes/Certificates etc.

Qualification: _____ Year _____ Awarding Body: _____

Qualification: _____ Year _____ Awarding Body: _____

4. OTHER RELEVANT, NON-ACCREDITED COURSES (e.g. First Aid, Art/Craft etc.)

5. EMPLOYMENT EXPERIENCE

Experience in a Special Needs Assistant role:

Dates	School Name	Position/Duties

Other employment experience:

Dates	Employer	Position/Duties

6. Please detail below any/other work experience which you feel might to relevant to your application. (You may wish to attach an A4 sheet detailing this if necessary).

7. State reasons below why you wish to be considered for this position.

8. REFERENCES

Please provide the names of two people (other than relatives or friends) with knowledge of you and your work to whom professional references can be made. One should be your current or most recent employer.

(Please note that your referees may be contacted without further communication with you and prior to selection interview if shortlisted for interview).

Referee 1

Name:
Position:
Address:
Telephone/mobile number:

Referee 2

Name:
Position:
Address:
Telephone/mobile number:

9. DECLARATION AND SIGNATURE

In the event of you being recommended for this position, the Board of Management is obliged to comply with the terms of current DES circular letters.

In line with the terms of CL 31/2016, if you are recommended for this position, a vetting disclosure must be obtained from the National Vetting Bureau prior to the commencement of employment with the school.

Any offer of employment will be subject to the school receiving a satisfactory garda vetting disclosure prior to employment.

The Board of Management may withdraw an offer of employment if a satisfactory vetting disclosure is not received.

The Board of Management cannot enter into a Contract of Employment without first receiving a vetting disclosure.

You are also required to sign the declaration below certifying that all information you have provided is accurate.

The Selection Committee may wish to check any of the details you have provided.

Providing incorrect information or deliberately concealing any relevant facts may result in disqualification from the selection process or, where discovery is made after an appointment, in summary dismissal.

I declare that the information supplied in this application form is accurate and true.

Signed _____

Date _____

Closing date for receipt of Application form is noon on Wednesday. 19th August, 2026. :

Email to recruit@ashcom.ie

Please mark subject of email "SNA Application"

Please note that only shortlisted candidates will be notified.

For Official Use Only

Date received:

Time received: