

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

POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM

School: Quignamanger NS (15257V)

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

**Applicant's
Name**

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Completed and Signed Application Forms should be returned **by email** to:

jobapplications@quignamangerns.ie

to arrive by **5.30 p.m.** on **18/03/2026.**

For Official Use Only
Received:
Date:
Time:

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PERSONAL DETAILS:

1 Name

Home Address

Home Tel. No.	
Mobile Phone No.	
E-Mail Address	

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.

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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.

**(1)
Name**

**(2)
Name**

Address

Address

**Phone
Number(s)***

Work:
Home:
Mobile:

**Phone
Number(s)

Work:
Home:
Mobile:

** 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.*

**9 Signature of
Applicant**

Date

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