

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)



**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

**Or by post to: Martha Kent, Acting Principal, Presentation Secondary School,
Mitchelstown, Co. Cork.**

to arrive by **5.30 p.m. on Monday, September 22nd , 2025.**

Minimum required standard of education for appointment to the post of SNA is:

- A level 3 qualification on the National Framework of Qualifications, or
- Equivalent qualification/s.

The successful candidate may be required to supply original documentation in relation to other qualifications to the Board of Management prior to appointment.

For Official Use Only

Received:

Date:

Time:

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)

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.

Position	Employer/Project	Duties	Date from	Date to

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)

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

--	--	--