



Ardscoil Na Tríonóide

Special Needs Assistant Application 2025/2026

Office use only
Date Received:

Please note:

**This form must be typed. All questions must be answered.
Do not change the question numbers or sequence.**

1. Personal Details

First Name:	Surname:
Home Address:	Correspondence Address: (if different)
Home Phone Number:	Mobile Phone Number:
Email Address:	

2. Educational Qualifications

Begin with most recent first (include further/third level education and second level in this section). A successful applicant will be requested to furnish supporting documentation.

Qualification	Awarding Institute/College	Results	Year of Award

3. Continuous Professional Development

In-Service Courses/Training

List any other relevant, non-accredited or in-service courses/training you have completed, e.g. First Aid, online or in person courses. Start with the most recent and work backwards.

Name of Course	Name of Organisation/Institution running course	Length of Course	Year

4. Present Position

Please give details of your current position:

Employer:	Address:	Job Title:
How much notice do you need to give your current employer?		

5. Employment History

5.1 Experience of Special Needs Assistant Role

Please provide details of your experience in a SNA role beginning with the most recent post. Include any relevant work placements completed as part of your accredited courses.

Name & Address of School	Date from	Date to	Duties

5.2 Non-Special Needs Assistant Experience

Please provide details of your work history beginning with the most recent post.

Dates (From/To)	Name & Address of Employer	Position held	Summary of Main Duties

6. Additional Information

[illegible]

7. References

Please provide names, addresses and position/occupation of two people (other than relatives or friends) with knowledge of you and your work to whom professional reference can be made. One should be your current or most recent employer. *[Please note: your referees may be contacted without further communication with you and prior to selection interview if shortlisted for interview].*

Present or most recent employer:

Name & Title:	Position Held:	Telephone/Mobile:	Email:
Full address:			

Other referee:

Name & Title:	Position Held:	Telephone/Mobile:	Email:
Full address:			

8. Declaration and Signature

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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.

If you are recommended for this position, a vetting disclosure must be completed through the JMB on behalf of the school and will be made available to the Principal/Secretary to the Board of Management. The Board of Management cannot enter into a Contract of Employment without first receiving a vetting disclosure.

By signing below, you consent to a vetting disclosure, being completed through the JMB on behalf of the school and this disclosure being made available to the school.

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

Completed Applications should be returned [by email to vacancy@ardscoil.ie](mailto:vacancy@ardscoil.ie) by closing date as per advertisement.

PLEASE NOTE: Any offer of employment will be conditional on and subject to the satisfactory outcome of the Garda Vetting Process and satisfactory references.