



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: Sacred Heart Secondary School, Drogheda

(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:

applications@sacredheart.ie
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to arrive by **5.30 p.m.** on **Closing Date: 7th May 2026.**

Please DO NOT send a Curriculum Vitae with this form. This may be requested later in the recruitment process.

The minimum required standard of education for appointment to an SNA post is a QQI Level 1 Major qualification on the National Framework of Qualifications **OR** a minimum of 3 grade D in the Junior Certificate 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:

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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/Cycle or equivalent and further education. 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 confirm if you are a valid PF1 panel holder** Yes No

If Yes, please confirm that you have included the PF1 form in your application submission.
Yes No

9 **Please give the names of two referees: two 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