

St Mary's CBS Portlaoise

POST OF SPECIAL NEEDS ASSISTANT - APPLICATION FORM

Applicant's Name		
Completed and Si	gned Application Forms should be returned by email to:	
	applications@portlaoisecbs.com	

to arrive by 4.00 p.m. on Friday 14th August 2020

Please DO NOT send a Curriculum Vitae with this form. Please do not ask for a Word document to complete instead of this pdf. If you are short of space, please attach an extra page and specify what part the extra information is in relation to.

	PERSONA	L DETAILS	S:				
1	Name						
	Home				Home Tel. N	0.	
	Address				Mobile N	0.	
					E-Mail Addres	ss	
2	Cert or	equivalen Successfu	t and furthei Il applicant n	r education (t		quirement for	nter Cert, Junior this particular umentation.
		Qualificat	tion	School	/College	Results	Year of Award
3	Other re	elevant, no	on-accredited	l courses – mo	st recent first:	(e.g. First Aid	, Art/Craft)
	Experie	nce of Spe	cial Needs As	ssistant role -	most recent fir	st.	
	School N	ame	Address	3	Duties	ate from	Date to

employment experience - most recent first.

Position	Employer/Project	Duties	Date from	Date to

Please indicate briefly your understanding of the role of a Special Needs Assistant						

Additional in	nformation (<i>not all</i>	ready mentioned) in suppo	ort of your application
personal c	haracteristics and		e in a position to comment on you on to comment on your professiona e related to the applicant.
(1) Name		(2) Name	е
Address		Address	s
Phone Number(s)*	Work:	Phone Number(s)*	Work:
	Home:		Home:
	Mobile:		Mobile:
		ave to be contacted outside of sch e if possible) are given.	nool times, it is crucial that phone numbers o
9 Signature Applicant	of		Date