

Strangford Integrated College

Application Form

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| Reference Number **SC/TLA/PT/Dec24** | Closing Date: Monday 6th January 2025 at 12noon |
| Vacancy Applied For Classroom Assistant (Part Time / Term Time) |
| **Personal Details**Surname………………………………………… Title Mr/Mrs/Ms/MissForename(s)…………………………………… National Insurance No……………………….. Email Address: …………………..Home Address………………………………… Telephone No(s)…………………………………………………… Home……………………………..Post Code……………………………………… Work……………………………… |

**NEXT OF KIN** (person to be contacted in event of illness or accident)

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| --- | --- |
| Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**3 CHILD PROTECTION**

(Please note this post is a ‘regulated position’ as defined under POCVA (NI) Order 2003)

Is there any reason as to why you would not be suitable to work with children/young people in an educational institution?

Please provide information to explain any gaps in your employment history.

**CHILD PROTECTION**

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Please provide information to explain any gaps in your employment history.

Is there any reason as to why you would not be suitable to work with children/young people in an educational institution? YES/NO

If YES, please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POST PRIMARY EDUCATION**

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| --- | --- | --- |
| **Dates of** **Attendance** | **Qualifications Obtained** | **Grade/Level** |
| From |  |  |
| To |  |  |
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|  |  |  |
| From |  |  |
| To |  |  |
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**FURTHER / HIGHER EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Institute/College/University and****Location** | **Dates of** **Attendance** | **Qualifications Obtained** | **Grade/Level** |
|  | From |  |  |
|  | To |  |  |
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**MEMBERSHIP OF PROFESSIONAL INSTITUTES AND ASSOCIATION**

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| --- | --- | --- | --- |
| **Name of Professional** **Organisation** | **Membership No** | **Level of Membership** | **Date Joined** |
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**EMPLOYMENT DETAILS** – Please state below details of previous employments starting with the most recent and indicate all periods of unemployment. Continue on a separate sheet if necessary.

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| --- | --- | --- | --- | --- |
| **Name, Address and Telephone Number of Employer** | **Position Held** | **Salary on Leaving** | **Reason(s) for Leaving** | **Dates Employed** **From To** |
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**PART C—EDUCATION**

**EMPLOYMENT DETAILS (Please state below particulars of present and previous employment. Begin with your present employer and work backwards. Indicate all**

 **periods of unemployment)**

**NOTICE**

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| --- | --- |
| How much notice are you required to give your present employer? |  |
| If appointed, when could you commence work? |  |

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| Please demonstrate how you meet the “Essential” criteria (continue on a separate sheet, if necessary) |
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| Please demonstrate how you meet the “Desirable” criteria (continue on a separate sheet, if necessary) |
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**OTHER INTERESTS**

List your main interests, including details of any voluntary work and/or positions of responsibility that you are or have undertaken. Detail how experiences gained can be used to demonstrate your suitability for this post.

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**PART D—OTHER INTERESTS**

**1 List your main interests, including details of any voluntary work and/or positions of responsibility that you are or have undertaken. Detail how experiences gained can be used to demonstrate your suitability for this post.**

**REFERENCES**

Please give the name, address and occupation of two responsible persons who may be approached to provide references indicating your suitability for the post. Referees may not be related to you nor should they be a member of the Board of Governors of Strangford College. Referee 1 should be your current or your latest employer.

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| --- | --- | --- |
|  | **Referee 1** | **Referee 2** |
| Name |  |  |
| Address |  |  |
|  |  |  |
| Post Code |  |  |
| Occupation |  |  |
| Telephone |  |  |
| Email address |  |  |

**GENERAL INFORMATION AND CRIMINAL OFFENCES**

**1 GENERAL INFORMATION**

1.1 Do you hold a clean current driving licence? YES/NO\*

 1.2 Have you ever been refused motor insurance? YES/NO\*

 If “YES” please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** This employment may require you to use your own motor vehicle

**2 CRIMINAL OFFENCES**

1.1 Have you ever been convicted of a criminal offence, cautioned, bound over or is a charge pending? YES/NO\*

 If “YES” please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Note:** Because of the nature of the work for which you are applying, the post may be except from the provisions of Section 4(2) the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders (Exceptions) Order (NI) 1979.

Applicants are therefore not entitled to withhold information about convictions which for other purposes are ‘spent’ under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or

disciplinary action by the Management. Any such information should be submitted in a separate, sealed envelope which will only be opened in the case of short-listed candidates and will be returned unopened to other candidates.

**3 HEALTH QUESTIONNAIRE**

3.1 Have you ever suffered from any chest complaint, back complaint,

 hernia, dermatitis (or similar skin infection), any other serious illness or undergone a serious operation?

 YES/NO\*

 If “YES” please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 3.2 Have you ever had any prolonged absence (in excess of 1 week) due to illness during the past 2 years?

 YES/NO\*

 If “YES” please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 3.3 Have you ever made an industrial injury claim?

 YES/NO\*

 If “YES” please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 3.4 Are you registered disabled?

 YES/NO\*

 If “YES” please provide the following details

3.4.1 Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3.4.2 Expiry Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3.4.3 Nature of disability and restrictions (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.5 If required, are you willing to undergo a medical examination? YES/NO\*

**DECLARATION**

1 I hereby certify and declare that

1.1 The information supplied by in this application is correct to the best of my knowledge.

 1.2 I am not suffering from any disability that would prevent satisfactory discharge of the duties of the post for which I have applied.

2 I shall submit to a medical examination, if necessary, by a doctor appointed by the School on the understanding that the report will be confidential.

3 I understand that prior to appointment to this post a check for any record of convictions, cautions or bind-overs may be carried out. I give my permission for this to be done.

 Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

 \* Delete as Applicable

**PART I-WARNING**

1 Strangford College reserves the right to only interview on the basis of

information supplied by applicants who meet the criteria established for the post and/or as supplied to the applicant.

2 An employee, found to have given false, misleading information or have

 wilfully failed to disclose any relevant fact in order to gain employment will be dismissed.

**OFFICE USE ONLY**

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| **RECEIPT**  |
| Date Received |  | Time Received |  | Candidate Ref | SC/ |
| SHORT-LISTING  |
| Date |  | Selected | YES/NO\* |  |  |
| Letter Type | UNSUCCESSFUL/INTERVIEW\*  | Date Sent |  |
| **REFEREES**  |
| Date Sent |  | Received Satisfactory Response  | Referee 1 | YES/NO\* |
|  |  |  |  | Referee 2 | YES/NO\* |
|  |  |  |  | Referee 3 | YES/NO\* |
| **INTERVIEW**  |
| Date |  | Time |  | Attendance | YES/NO.NOT REPLIED\* |
| Result of Interview | OFFER POSITION/RESERVE LIST/UNSUCCESSFUL  | Date Sent |  |
| **EMPLOYMENT**  |
| Date Employment to Commence  |  | Disclosure Form Returned | YES/NO\* |
| P45 Received | YES/NO\* | P46 Completed  | YES/NO\* |  |
| **SALARY DETAILS** |
| Spinal Point |  | Grade |  | Amount  | £ |
| Pro-rata | YES/NO\* | If YES how many weeks |  | Pro-rata Amount  | £ |
| Allowances Payable  | YES/NO\* | Type |  |
| Allowance Amount | £ | Total Salary Payable Per Annum  | £ |  |
| Bank |  | Account Number |  |
| Sorting Code |  - - | Type of Account | CURRENT/DEPOSIT/SAVINGS\* |
| Account Title |  |