

**Shimna Integrated College**

The Lawnfield, King Street, Newcastle, County Down, BT33 0HD

**APPLICATION FOR EMPLOYMENT**

**Learning Support Assistant - Substitute**

|  |  |
| --- | --- |
| **Office Use Only** | |
| Job Ref No: | LSAS/0226 |
| Job Group: |  |
| Candidate Reference Number | LSAS/0226/ |

|  |  |  |
| --- | --- | --- |
| 1. **PERSONAL DETAILS** | | |
| **FIRST NAME:** | |  |
| **SURNAME:** | |  |
| **PREVIOUS NAME(S):** | |  |
| **ADDRESS:** | |  |
| **POSTCODE:** | |  |
| **CONTACT TELEPHONE NO:** |  | |
| **E-MAIL ADDRESS:** |  | |
| **NATIONAL INSURANCE NO:** |  | |
| **TR NUMBER ( Teachers Only ):** |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **EDUCATION AND PROFESSIONAL QUALIFICATIONS** | | | | | | |
| SECOND LEVEL EDUCATION | | | | | | |
| Year | School | | Subject | | Type (e.g. GCSE) | Grade |
|  |  | |  | |  |  |
| **FURTHER EDUCATION** | | | | | | |
| Year | | College / University Attended | | Subject Taken, Qualification Gained  and Degree Classification | | |
|  | |  | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **ADDITIONAL RELEVANT COURSES, PROFESSIONAL DEVELOPMENT** | | | |
| Course Name | Date | Institution | |
|  |  |  | |
| **MEMBERSHIP OF PROFESSIONAL BODIES OR ASSOCIATIONS** | | | |
| Body/Association | Level | | Date |
|  |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **EMPLOYMENT HISTORY**   Please commence with present or last employer and account for any gaps in your employment  Continue on additional sheets if necessary | | | | | |
| Job Title |  | Employer |  | Current Salary |  |
| Start Date |  | End Date |  | Reason for Leaving |  |
| Please outline your key duties and responsibilities in the box below. | | | | | |
|  | | | | | |
| Job Title |  | Employer |  | | |
| Start Date |  | End Date |  | Reason for Leaving |  |
| Please outline your key duties and responsibilities in the box below. | | | | | |
|  | | | | | |
| Job Title |  | Employer |  | | |
| Start Date |  | End Date |  | Reason for Leaving |  |
| Please outline your key duties and responsibilities in the box below. | | | | | |
|  | | | | | |
| Job Title |  | Employer |  | | |
| Start Date |  | End Date |  | Reason for Leaving |  |
|  | | | | | |
| Job Title |  | Employer |  | | |
| Start Date |  | End Date |  | Reason for Leaving |  |
|  | | | | | |
| **Notice** | | | | | |
| How much notice are you required to give your present employer | | | |  | |
| If appointed, when could you commence work? | | | |  | |
| 1. **ESSENTIAL CRITERIA**   Please provide evidence and demonstrate with examples how you meet each of the essential criteria for this role set out both below and within the job advert. | | | | | |
| 5 or more GCSE subjects at Grade C or above or equivalent, including English and Maths | | | | | |
| Willingness to undertake training, as appropriate | | | | | |
|  | | | | | |
| Excellent interpersonal skills | | | | | |
|  | | | | | |
| An understanding of and commitment to integrated education | | | | | |
|  | | | | | |

|  |
| --- |
| 1. **DESIRABLE CRITERIA** |
| If applicable, please provide evidence below how you meet any of the desirable criteria for this role set out in the job advert. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **REFEREES** | | | |
| Please give full names and addresses of three persons to whom we may apply for references, at least two should be in a position to comment on your professional ability. | | | |
|  |  |  |  |
| 1. Name: |  | 2. Name: |  |
| Address: |  | Address: |  |
|  |  |  |  |
|  |  |  |  |
| Email |  | Email |  |
| Tel No: |  | Tel No: |  |
| Position: |  | Position: |  |
|  |  |  |  |
| 3. Name: |  |  |  |
| Address: |  |  | |
|  |  | Note: We reserve the right to take up references with previous and current employers | |
|  |  |  | |
| Email |  |  | |
| Tel No: |  |  | |
| Position: |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| 1. **GENERAL INFORMATION** | |
| Rehabilitation of Offenders (Northern Ireland) Order 1978 | |
| Have you ever been convicted of a criminal offence? | YES / NO |
| If yes, please give date and details: | |

|  |  |
| --- | --- |
| Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003 | |
| Is there any reason why you would not be suitable to work with children or young people in an educational setting? | YES/NO |
| If yes, please provide details: | |

|  |  |
| --- | --- |
| Disability Discrimination Act 1998 | |
| Do you consider yourself disabled? | YES/NO |
| If yes, please provide details of any special arrangements in relation to communications or access that you may require if invited for interview: | |

|  |
| --- |
| 1. **Declaration** |
| Please read carefully the various representation and undertakings set out in the declaration below and then sign and date the declaration. Please complete and return this form to Karen Maguire (Bursar ) no later than the closing time and date specified. |
| 1. I have read all of the information pertaining to the position for which I am applying, and I declare that the information contained in this application form is true and accurate. 2. I understand that the information on this application form is covered by the provision of the General Data Protection Regulations and the Data Protection Act 2018 and is required by the College and for the purpose of the processing my application. 3. I understand and agree that: 4. The provision of false information or the suppression of any material fact may result in disqualification from the recruitment process or, if appointed, in termination of employment; 5. If I am unable to provide evidence of qualifications, suitable references, or the right to live and work in the United Kingdom, then any offer of employment may be rescinded or employment terminated; 6. The direct or indirect canvassing of any governor, officer, employee or advisor of Shimna Integrated College in relation to this appointment will result in disqualification from the recruitment process; 7. Pursuant to the Rehabilitation of Offenders (Exceptions) Order (NI) 1979, this post is considered to be excepted from the Rehabilitation of Offenders (NI) Order 1978 and therefore any failure to disclose any convictions spent or otherwise will result in disqualification from the recruitment process and non-appointment or, if appointed, in disciplinary action and potential dismissal; 8. In the event of my application being successful, I understand that it will be necessary for checks to be made with Access NI to determine if there is any record of criminal convictions, pending prosecutions, cautions or bind-over against me, whether spent or otherwise or whether I am on the Barred List; 9. I will inform the College of any change in my circumstances which may occur between the date of my application and any possible date of appointment; 10. By completing this application form and declaration, I am indicating my authorisation for the College to approach my referees for a reference in the event of my being recommended for appointment; and 11. I understand that any appointment made may be subject to the provision of satisfactory references and the successful completion of a probationary period.   Signature:  Date: |