



MEMBERSHIP OF PROFESSIONAL BODIES	Name of Professional Body	Qualification/Membership Status (please indicate if obtained by examination)	Date Obtained

*Please give details of employment in chronological reverse order starting with current position*

EMPLOYMENT HISTORY	Name and address of employer	Post held (detail if more than one in same employment)	Annual salary/ Weekly wage	Dates	
				From	To

Indicate reasons for wishing to leave current post .....

.....

.....

What notice is required to terminate your present employment? .....

If appointed, when could you commence work? .....

May we ask your present and past employers for a reference if required? Yes  No



**CHILD PROTECTION**

Please note that this post may be 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? YES NO  
 If 'Yes' please provide reason .....

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

.....  
 .....  
 .....

The names of two referees should be supplied. They may be from your school, college or employment, at least one should be from your current/most recent employer. References should not be supplied by relatives. Testimonials should not be submitted.

<b>Referee 1</b>	<b>Referee 2</b>
Name .....	Name .....
Organisation .....	Organisation .....
Position .....	Position .....
Address .....	Address .....
.....	.....
.....	.....
Telephone .....	Telephone .....
Contact prior to interview? YES/NO	Contact prior to interview? YES/NO

**DECLARATION (Canvassing/Declaration/Consent/Data Protection)**

I hereby certify and declare that:

(a) I declare that I have not canvassed in any way and that the information contained in this form is true and accurate.

(b) I understand this post is exempt from the provisions of the Rehabilitation of Offenders (NI) Order of 1978 by virtue of the Rehabilitation of Offenders (Exemptions) (NI) order of 1979 and (Exemptions Amendment) Order (Northern Ireland) 1987. In the event of my application being successful, I consent to a check being made with the Police Service for Northern Ireland to determine if there is any record of convictions, cautions or bind-overs against me.

(c) The information on this form and equal opportunity questionnaire is required by the College for the purpose of processing your application. The information is covered by the provisions of the Data Protection Act 1998. Your signature to this form is deemed to be authorisation by you to allow the College to process and retain the information for the purpose(s) stated.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**OUR ADDRESS**

**Please return all completed information to:**

The Office Manager  
 Hazelwood Integrated College  
 70 Whitewell Road  
 Newtownabbey  
 Co. Antrim  
 BT36 7ES

Telephone: 028 9077 4202      Fax: 028 9077 7989  
 Email: info@hazelwood.belfast.ni.sch.uk      Website: www.hazelwoodcollege.co.uk