

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

SUITABILITY

Please outline below how you feel you meet the essential and desirable criteria listed below. *Ensure that your information fits inside the boxes provided on this form.* (You may continue on one side of an additional A4 sheet if necessary.)

ESSENTIAL: Education & Qualifications

Minimum of 5 GCSEs (A*–C) including Maths and English or equivalent

Clearly demonstrate your competence and/or qualification in ICT

ESSENTIAL: Relevant Experience

Experience of working in a professional learning environment or recognised organisation with children aged 11–18

DESIRABLE: Education & Qualifications

- Either a Level 3 Classroom Assistant qualification or a Degree
- Further relevant qualifications
- Evidence of Continued Professional Development and/or training relevant to working with children with Additional Educational Needs
- First Aid Certificate

DESIRABLE: Relevant Experience

One year's paid experience of working with children with Additional Educational Needs

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.

Referee 1	Referee 2
Name	Name
Organisation	Organisation
Position	Position
Address	Address
Telephone	Telephone
Contact prior to interview? YES <input type="checkbox"/> NO <input type="checkbox"/>	Contact prior to interview? YES <input type="checkbox"/> NO <input type="checkbox"/>

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:

FAO Office Supervisor
 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

Please don't forget to download, print out and fill in the *Equal Opportunities Monitoring Form* and include it with your application.