Ref:
Please complete all sections in black ink.
Information will be treated as confidential.



## **APPLICATION FOR EMPLOYMENT**

## **POST: Classroom Assistant (Full Time)**

Surname		Forename(s)			<b>~</b>
Present Address					ERSC
Postcode					PERSONAL DETAILS
Telephone (home)	(	work)			ETAIL
(mobile)	(	email)			
SECOND LEVEL EDUCATION					_
Level of Examination	Subject obtained/to be t	:aken		Grade	_
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					EDUCATION & QUALIFICATIONS
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FURTHER, HIGHER AND PR					
University or College attended	Subje	cts	Qualifications obtain	ned with classification	S E
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					HCA
					EDUCATIONAL QUALIFICATIONS
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PROFESSIONAL BODIES		Name of Professional Body	Qualification/Membership Status (please indicate if obtained by examination)	Date Obtained
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OF ESSIO				
PROFES	1BERS			
	ROFES			
	<u>~</u>			

Name and address of employer	Name and address of consta	Post held	Annual salary/	Da	ites	
	Name and address of employer	(detail if more than on in same employment)		From	Т	
	Indicate reasons for wishing to leave current post					
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dicate reasons for wishing to leave current post	Vhat notice is required to terminate your	otice is required to terminate your present employment?				
dicate reasons for wishing to leave current post  /hat notice is required to terminate your present employment?	If appointed, when could you commence work?					

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
DESIDABLE, Education & Ouglifications
• Either a Level 3 Classroom Assistant qualification or a Degree
<ul> <li>Further relevant qualifications</li> <li>First Aid Certificate</li> <li>Evidence of Continued Professional Development and/or training relevant to working with children with Additional Educational Needs</li> </ul>
DESIRABLE: Relevant Experience  One year's paid experience of working with children with Additional Educational Needs
one years paid experience of working with emiliaren with additional Eddeational Needs

CHILD PROTECTION	under POCVA (NI) Order 2003. Is there any reason as to why you icational institution? YES NO NO NO NOTE NOTE NOTE NOTE NOTE NOTE			
		names of two referees should be supplied. They may be from y current/most recent employer. References should not be suppl	rour school, college or employment, at least one should be from lied by relatives. Testimonials should not be submitted.	
	Refe	eree I	Referee 2	
	Nam	ne	Name	
	Orga	anisation	Organisation	
REFERENCES	Posit	tion	Position	
	Addı	ress	Address	
	Emai	il	Email	
	Telep	phone	Telephone	
	Con	tact prior to interview? YES NO	Contact prior to interview? YES NO	
	<b>DECLARATION</b> (Canvassing/Declaration/Consent/Data Protection)			
DECLARATION		nereby certify and declare that:		
		, ,		
	(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.		
	Signe	ed	Date	

## Please return all completed information to:

FAO Mrs J. McManus
Hazelwood Integrated College
70 Whitewell Road
Newtownabbey
Co. Antrim
BT36 7ES

**OUR ADDRESS** 

Telephone: 028 9077 4202 Email: jmcmanus233@c2kni.net Please don't forget to download, print out and fill in the *Equal Opportunities Monitoring Form* and include it with your application.

Fax: 028 9077 7989

Website: www.hazelwoodcollege.co.uk