



**APPLICATION FOR
TEMPORARY
CLERICAL OFFICER**

Southern Region

Post	Clerical Officer		
School	Brownlow Integrated College		
Closing Date		Closing Time	4pm
Return Arrangements	This form should be completed and returned to: Mrs R Dennison Brownlow Integrated College Tullygally Road Craigavon BT65 5BS Email: rdennison859@c2kni.net		

Please ensure that you have read the 'Applicant Guidance Notes' before completing this application form. A Curriculum Vitae or additional pages must not be submitted. Applicants must ensure they provide sufficient information on the application form to enable the selection panel to assess their eligibility for consideration. Failure to do so will result in the application being rejected. Faxed or late applications will not be accepted. Any alterations to this form will invalidate your application.

SECTION A – PERSONAL DETAILS

(Dr/Mr/Mrs/Ms/Miss) <i>(delete as appropriate)</i>	Forename(s)	Surname							
Address									
								Postcode	
Contact Email Address						Daytime Contact Number(s) (i) (ii)			
National Insurance Number									
Are you free to remain in and take up employment in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>									

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SECTION A – PERSONAL DETAILS (Continued)

Disability	
The Authority, as part of its Equal Opportunities Policy, welcomes applications from people with disabilities.	
In accordance with the Disability Discrimination Act, a person is disabled if they have, or have had, “a physical or mental impairment which has, or has had a substantial and long-term adverse effect on their ability to carry out normal day to day activities”.	
Do you have a disability that requires reasonable adjustments to be made if you are called for interview or assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you consider yourself to have a disability please provide any relevant information about requirements that you may have so that reasonable arrangements can be made for your attendance at interview (if short-listed).	

References	
Please give the names and addresses of two referees, one of whom should be able to comment on your suitability to work with children/young people in an educational setting (if applicable) and/or your professional ability. Prior consent of referees should be obtained. References must not be submitted with this form. The Authority/Board of Governors will seek references from current/most recent employer for all posts involving ‘regulated activity’ when a conditional offer of employment is made.	
Referee 1	Referee 2 (Current/recent employer)
Name: Address: Telephone Number: Capacity in which you (the referee) know this person:	Name: Address: Telephone Number: Capacity in which you (the referee) know this person:
Position Held:	Position Held:
Email Address:	Email Address:
Please note - Any family member or person involved in the recruitment process for the post for which you are currently applying cannot act as a referee.	

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SECTION B – INFORMATION RELATING TO THE SELECTION PROCESS

Post Primary School Education (for example GCSE/GCE etc.)					
Subject	Level of Exam	Examining Body	Grade*	Month/Year Obtained	Month/Year Expected

Higher Education				
Name of University or College	Dates	Qualification / Degree Awarded	If honours, state class and division*♦	Month/Year Expected
Main / subsidiary subjects studied in each year	1 st Year	2 nd Year	3 rd Year	4 th Year

*Original documentary evidence will be required from the successful candidate.

♦Predicted grade/classification can be entered. If an offer of employment is made and the predicted grade/ classification has been used as an essential, desirable or enhanced criterion and is NOT achieved, the offer will be withdrawn.

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SECTION B – INFORMATION RELATING TO THE SELECTION PROCESS (Continued)

Employment (Current / Most Recent)

Name and address of employer	Position	Dates (dd/mm/yy)		Reason for leaving
		From	To	
Salary		Notice Required		
Duties & responsibilities				

Experience (detail current and previous experience, beginning with the most recent)

Experience in Last 10 Years							
Name and address of employer, including type of employment	Job Title	Period of employment dates		Paid, voluntary or training placement	No of children worked with	Ages of children worked with	Reason for leaving (please specify)
		From dd/mm/yy	To dd/mm/yy				

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Child Protection

(Please note this post involves 'regulated activity' as defined under Safeguarding Vulnerable Groups (NI) Order 2007) (see notes of guidance)

Are you aware of anything in your employment or personal history which would render you unsuitable to work with children and young people?

Yes No If Yes, please provide details below.

Gaps in Employment

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

Transport

Do you hold a current driving licence

Yes No

Do you have access to a car or other suitable form of transport if necessary to meet the essential requirements of the post?

Yes No

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SECTION B – INFORMATION RELATING TO THE SELECTION PROCESS (Continued)

ESSENTIAL CRITERIA

In this section applicants must present clear evidence to demonstrate how they meet each of the essential criteria, including relevant dates (as appropriate) and relevant examples. Please ensure you only use the space provided. Additional pages will not be submitted to the selection panel.

<i>Qualifications:</i>	
<i>Experience:</i>	
<i>Knowledge:</i>	
<i>Skills:</i>	
<i>Personal Qualities:</i>	

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SECTION B – INFORMATION RELATING TO THE SELECTION PROCESS (Continued)

DESIRABLE CRITERIA

In this section applicants must present clear evidence to demonstrate how they meet each of the desirable criteria, including relevant dates (as appropriate) and relevant examples. Please ensure you only use the space provided. Additional pages will not be submitted to the selection panel.

Desirable:	
<i>Qualifications:</i>	
<i>Experience:</i>	

SECTION C – APPLICANT DECLARATION

Please tick to confirm.

- I have read the Terms and Conditions of Appointment relating to the position. I declare that I have not canvassed in any way and that the information contained in this form is true and accurate. I understand that canvassing and/or falsification of information could result in disqualification or dismissal.
- I understand that this post is (or may be) exempt from the provisions of the Rehabilitation of Offenders (NI) Order 1978. In the event of my application being successful, I consent to a check being made by Access NI, a single history disclosure body, to determine if there is any record of criminal convictions, pending prosecutions, cautions or bind-over orders against me.
- I understand that the information on this form is required by the Education Authority for the purposes of processing my application. The information is covered by the provisions of the Data Protection Act 1998. I understand that by completing this declaration I am indicating my authorisation for the Education Authority to process and retain the information for the purposes stated including approaching my current/ most recent employer for a reference in the event of my being recommended for appointment.

Signature		Date	
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Please complete and return this form together with the Equal Opportunities Questionnaire by the closing date advertised, to the Address on the front of this form.

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The Education Authority is an Equal Opportunity Employer, committed to fairness and equality.

Fraud Prevention and Detection – The Authority is under a duty to protect the public funds it administers and, to this end, may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Equal Opportunities Monitoring Questionnaire

Guidance notes are on the reverse of this form

NATIONAL INSURANCE NUMBER - please specify:.....

AGE – Please enter your date of birth: ___ ___ / ___ ___ / ___ ___ ___ ___ (eg.05/08/1948)

SEX – I am: Male Female

DISABILITY

I have: No disability

A physical impairment, such as difficulty using arms or, mobility requiring a wheelchair or crutches

A sensory impairment, such as blind/visual impairment or deaf/hearing impairment

A mental health condition, such as depression or schizophrenia

A learning disability, such as Down's syndrome, dyslexia or cognitive impairment such as autism

A long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy

Other

MARITAL STATUS

I am: Single (never married) Married (living with spouse) Married (separated)

Civil partnership (same sex) Divorced Widowed

Other

RACE, COLOUR OR ETHNIC/NATIONAL ORIGINS

I am: White Chinese Irish Traveller Indian Pakistani Bangladeshi

Black African Black Caribbean Black Other

Mixed Ethnic Group Other.....

NATIONALITY – Please specify:.....

DEPENDANTS/CARING RESPONSIBILITIES –

Please indicate if you have dependants or persons you have caring responsibility for (if anyone):

No dependants or caring responsibilities Child or children Disabled person(s)

Elderly person(s) Other:.....

SEXUAL ORIENTATION – My sexual orientation is towards:

Persons of a different sex to me, I am a heterosexual man or woman

Persons of the same sex as me, I am a gay man or lesbian

Persons of both sexes, I am a bisexual man or woman

ADVERTISING – Please name any newspapers and/or websites where you learned of this job:

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DO NOT SEPARATE THIS FORM FROM THE JOB APPLICATION FORM

GUIDANCE AND SUMMARY OF THE EQUAL OPPORTUNITIES POLICY

The Education Authority is an Equal Opportunities Employer. It is the policy of the Authority to provide equality of opportunity to all persons regardless of their sex, pregnancy or maternity related issues, race, age sexual orientation, whether they are married or in a civil partnership, whether they are disabled, or whether they have undergone, are undergoing, or intend to undergo gender reassignment.

We do not discriminate on any of the grounds listed above.

In this questionnaire we are asking you to provide us with some personal information about yourself. We are doing this to demonstrate our commitment to promoting equality of opportunity in employment. The information which you provide will assist us in measuring and developing the effectiveness of our equal opportunities policy and to develop any affirmative action policies.

You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so – please tick this box if that is your preference, so that we know not to send you a reminder questionnaire.

Access to this information will be strictly controlled and monitoring will involve the use of statistical summaries of information in which the identity of individuals will not appear. The information will only be used for monitoring the effectiveness of the Authority's Equal Opportunities Policy and to comply with its obligations relating to monitoring, investigations or proceedings relating to the requirements of the Fair Employment and Treatment Order and other equality legislation which is applicable in Northern Ireland.

A copy of the Authority's Equal Opportunities Policy is available on the website.