# Ref No: SC/HODPE/May23



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# **Head of Department for Boys’ Physical Education**

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*This application should be returned with the Equality Monitoring and Health Declaration Forms to:-Principal’s Secretary, Strangford Integrated College, Abbey Road, Carrowdore, Newtownards, BT22 2GB Telephone No: 028 91861199 or by email to* *jpierpoint232@c2kni.net* *by the closing date of* ***Friday 2nd June 2023 at 3.30pm***

# **Personal Details**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous Surname:\_\_\_\_\_\_\_\_\_\_\_\_\_ Mr/Mrs/Miss/Ms/Other

First Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Address if moved within last 5 years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Telephone Number (day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_(evening): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mobile): \_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Town of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Insurance No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher Ref No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you require a permit to work within the EU? Yes/No

(If yes, please give details)

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Do you hold a current Driving Licence? No/Provisional/Full/HGV

Do you own your own car? Yes/No

Have you use of a car for business use? Yes/No

Or have you access to transport? Yes/No

How did you learn of this vacancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 effect on their ability to carry out normal day-to-day activities’.

If you consider yourself to have or have had a disability that is relevant to the position for which you are applying, please provide any relevant information about your disability and your requirements that you may need so that we can process your application fairly and make any reasonable arrangements/adjustments for your attendance at interview.

# **Education**

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| Please give details of educational qualifications gained up to leaving school, eg, ‘O’, GCSE, ‘A’ |
| Examination Year | Qualification | Subject | Grade/Result |
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| Please give details of third level qualifications |
| University/College | Degree/diploma | Date of award | Course title | Result |
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## Membership of professional bodies. Please confirm if by election or by examination

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## Are you currently attending any course of study? YES/NO

If YES give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# **Training**

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| Date | Details of Training Attended |
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**Employment History**

Name and Address of Current Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Appointed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Wage/Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per week/month/annum

Have you a Bonus Scheme Yes/No Pension Scheme Yes/No

Any other major benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period of Notice required\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact your current employer if you are under consideration for appointment? Yes/No

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| Previous Employment – commencing with the most recent (not current position)\* please explain any gaps in employment history |
| Employer(Name, Address and nature of business)  | PositionHeld  | DatesFrom / To | Brief details of your role | Reason for Leaving |
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| In no more than 300 words, please demonstrate how you meet the “Essential” criteria (continue on a separate sheet, if necessary). |

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| In no more than 300 words, please demonstrate how you meet the “Desirable” criteria (continue on a separate sheet, if necessary) |
| What influenced you to make this application? |

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| What are your medium term career objectives (i.e. next 2-5 years?) |

#### References

Please nominate two referees both of which should normally be previous employers.

(References will be sought at interview stage)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Telephone No. day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No. day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Telephone No. eve \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No. eve \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are short-listed for interview, what period of notice of attendance would you require?

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I declare to the best of my knowledge, the information on this form is correct. I understand that any false statement may disqualify me from employment or render me liable to dismissal. I enclose Equal Opportunities Monitoring form and Health Declaration.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_