

**Classroom Assistant (SEN)**

 **(Temp)**

**Applicants must complete all sections of the form in full and should not submit a Curriculum Vitae.**

**Please complete in type script.**

Closing date and time for return of applications is: 12 noon on Tuesday 3rd December 2024

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.

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| 1 PERSONAL DETAILS |
| Surname: | Previous Surname(s): | Dr/Mr/Mrs/Ms/Miss |
| Forename(s) |
| Address:Postcode: | Contact Tel. Number |
| Date of Birth |
| E-mail address: | National Insurance No. |
| Are you an EU citizen? 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  |
| Do you hold a current driving licence? YES/NO If yes please state type of licence |

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| **2 QUALIFICATIONS (Original documentary evidence will be required from the successful candidate)** |
| **Subject obtained/to be taken** | **Level of exam** | **Examining Body** | **Grade** | **Year obtained/expected** |
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| **Subject obtained/to be taken** | **Level of exam** | **Examining Body** | **Grade** | **Year obtained/expected** |
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| **Membership of Professional Body** |
| **Name of professional body** | **Qualification/Membership status (please indicate if obtained by examination)** | **Date obtained** |
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| 3 PRESENT EMPLOYMENT |
| **Name and address of employer:** |
| **Position/Grade:** | **Date of appointment:** | **Annual salary/wage:** | **Period of notice required:** |
| **Nature of duties:** |

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| 4 PREVIOUS EMPLOYMENT Please give details of past employment (beginning with the most recent) |
| **Name and address of employer** | **Job title/Grade** | **Period of****employment*****dd/mm/yy*****From To** | **Main duties and responsibilities** | **Reason for leaving** |
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| **5 Please provide details of HOW YOU MEET THE ESSENTIAL AND DESIRABLE CRITERIA FOR THIS posiTION.** |
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| **6 HOBBIES AND INTERESTS** |
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| **7 PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU CONSIDER RELEVANT TO THIS POSITION.** |
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| **8 GAPS IN EMPLOYMENT HISTORY**  **Please account below for any time since leaving school which has not been included in previous information.** |
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| **9 CHILD PROTECTION (Please note this post may involve regulated activity as defined under Safeguarding Vulnerable Groups (NI) Order 2007 (see guidance for applicants))** |
| Is there any reason as to why you would not be suitable to work with children/young people in an educational setting? |

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| **10 REFERENCES (\*email address required)** |
| **Please give the names and contact details of two referees, one of whom should be a previous or current employer 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.** |
| **1****Telephone No.:****Email: \*****Position held:** | **2****Telephone No.:****Email: \*****Position held:** |
| **Any person involved in the recruitment process for the post for which you are currently applying cannot act as a referee.** |

**The Board of Governors will seek references from present/previous employers for posts involving “regulated activity”**

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| **11 DISABILITY** |
| 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”.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 requirements so that we can process your application fairly and make any reasonable arrangements/adjustments for your attendance at interview if shortlisted. |
| **Braidside IPNS, as part of the Equal Opportunities Policy, welcomes applications from people with disabilities.** |

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| **12 DECLARATION (CANVASSING / FALSE DECLARATION / CONSENT / DATA PROTECTION)** |
| I hereby certify and declare that:1. The information supplied by me in this application is correct to the best of my knowledge and belief and acknowledge that if I am appointed to the position now sought statements of material fact herein subsequently discovered to be untrue may be considered by the Board of Governors as sufficient grounds to warrant termination of my appointment on the grounds of misconduct. I declare that I have not canvassed in any way.
2. I understand this post is (or may be) exempt from the provisions of the Rehabilitation of Offenders (NI) Order 1978 by virtue of the Rehabilitation of Offenders (Exemptions) (NI) Order 1979 and (Exceptions Amendment) Order (Northern Ireland) 1987. In the event of my application being successful, I consent to a check being made with Access NI to determine if there is any record of convictions, cautions or bind-overs against me. Braidside IPNS strictly follows the Access NI Code of Practice, available to view at www.dojni.gov.uk/accessni.
3. The information on this form is required by the Board of Governors for the purpose of processing your application. The information is covered by the provisions of the Data Protection Act 1998. I understand that my signature is authorisation for

Braidside IPNS to process and retain the information for the purpose(s) stated.Signature Date  |

**The Application Form (including Monitoring Form) should be completed in full and posted to:**

**Ms J. McAuley**

**Principal**

**Braidside Integrated Primary and Nursery School**

**89 Frys Road,**

**Ballymena**

**BT43 7EN**

**Or alternatively emailed to** **jmcauley506@c2kni.net** **(with Classroom assistant recruitment as the subject)**

**All applications will be acknowledged by email.**

**LATE APPLICATIONS WILL NOT BE CONSIDERED**