**Academy for International Science and Research**

71 Clarendon Street

L’Derry

BT48 7ER

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**APPLICATION FORM**

***Please complete the form in full as CVs will not be accepted***.

Information provided will be used by the Academy for the purpose of recruitment. If you are successful, the information on this form will become part of your employment record, will be held in a personnel file and used for employment purposes. Documents will be retained in accordance with the Academy retention schedule, details available upon request

Under the provision of the Safeguarding Vulnerable Groups (NI) Order 2007 this post is deemed to be a regulated position. The Academy is committed to safeguarding and promoting the welfare of children and young people, and vulnerable adults; and expects all staff to share this commitment.

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Forenames** | **Surnames** | |
| Choose an item. |  |  | |
| **Home Address** | | | |
|  | | | |
| **Postcode** |  | | |
| **Contact information** | | | |
| **Mobile:** |  | **Home Number:** |  |
| **Email Address:** |  | **Work Number:** |  |

**WORK PERMIT**

Do you require a work permit? **Yes**  **No**

All employees are obliged to provide original documentary evidence of their right to work in the UK prior to commencing employment.

**DISABILITY**

The Disability Discrimination Act 1995 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on an individual’s ability to carry out normal day-to-day activities.

Do you consider that you have such a disability? **Yes**  **No**

**JOB REQUIREMENTS**

|  |
| --- |
| Short listing is carried out on the basis of how well candidates meet the requirements of the person specification. You should mention any experience you have had which shows how you could meet these requirements. Demonstrate fully how you meet the criteria. Failure to provide sufficient details below will result in you not being shortlisted.  **Please provide details below of all qualifications you hold.**  **If you are successful you will be required to provide evidence of the qualifications listed in these tables. Therefore please ensure the information provided regarding level of qualification is consistent with what is on your certificate.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Qualification including level** | **Subject Area** | **Grade** | **Awarding Body** | **Date Obtained (DD/MM/YYYY)** | **For Office Use Only Original Verified Date/Signature** |
|  |  |  |  |  |  |

**Please state what notice is required by your present employer:**

**JOB REQUIREMENTS continued**

**Please provide details below regarding your previous three years’ teaching employment positions. If you had only one teaching position in the last three years, fill out EMPLOYMENT 1 table only, if you had two or more teaching positions in the last three years, please fill out EMPLOYMENT 2 and 3 tables or duplicate the tables accordingly. If you did not hold a teaching position in the last three years, please give reason in EMPLOYMENT 1 table’s “Please demonstrate your duties and responsibilities, professional and teaching experience” section.**

Failure to provide sufficient details below will result in you not being shortlisted.

|  |  |  |
| --- | --- | --- |
| **EMPLOYMENT 1** | | |
| **Dates of employment** | Click or tap to enter a start date. | Click or tap to enter the end date. |
| **Employer’s details** | **Employer** | **Address** |
|  |  |
| **Details of post held** | **Post Title** | **Salary £** |
|  |  |  |
| **Please demonstrate your duties and responsibilities, professional and teaching experience.** | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **EMPLOYMENT 2** | | |
| **Dates of employment** | Click or tap to enter a start date. | Click or tap to enter the end date. |
| **Employer’s details** | **Employer** | **Address** |
|  |  |
| **Details of post held** | **Post Title** | **Salary £** |
|  |  |  |
| **Please demonstrate your duties and responsibilities, professional and teaching experience.** | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **EMPLOYMENT 3** | | |
| **Dates of employment** | Click or tap to enter a start date. | Click or tap to enter the end date. |
| **Employer’s details** | **Employer** | **Address** |
|  |  |
| **Details of post held** | **Post Title** | **Salary £** |
|  |  |  |
| **Please demonstrate your duties and responsibilities, professional and teaching experience.** | | |
|  | | |

**If you require more pages in order to demonstrate your experience in additional posts please contact the Academy.**

**EMPLOYMENT RECORD**

|  |
| --- |
| Please outline your employment history by listing **in chronological order** all **current** and previous positions, including voluntary work, apprenticeships and periods of unemployment (starting with the most recent). Please provide full details in relation to dates of employment. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dates of Employment** | | **Employer’s name and address** | **Post Title** | **Reasons for leaving e.g. redundancy** | **Salary £** |
| **Start Date** | **End Date** |  |  |  |  |
| Click here | Click here |
| Click here | Click here |  |  |  |  |
| Click here | Click here |  |  |  |  |
| Click here | Click here |  |  |  |  |
| Click here | Click here |  |  |  |  |
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| Click here | Click here |  |  |  |  |
| Click here | Click here |  |  |  |  |
| Click here | Click here |  |  |  |  |

Are you currently registered with the General Teaching Council for Northern Ireland?

**Yes  No**

|  |  |
| --- | --- |
| **Type of Registration** |  |
| **Registration Number** |  |
| **Date of expiry** | Click here to enter a date. |

Are you currently registered with any other Teaching Council/Professional Body/Association?

**Yes  No**

|  |  |  |
| --- | --- | --- |
| **Teaching Council/Professional Body/Association** |  | |
| **Type of Registration** |  | |
| **Registration Number** |  | |
| **Date of expiry** | Click here to enter a date. | Click here to enter a date. |

**PERSONAL STATEMENT**

Referring to the Job Description and Person Specification, please describe how you meet the requirements of the role. Please also add details of any special interests and experiences which may be relevant to this application and briefly describe why you feel that you are suitable for the role.

|  |
| --- |
|  |

**PRE-EMPLOYMENT CHECKS**

The Academy is committed to safeguarding and follows the recommended guidelines to ensure that all successful candidates are appropriately checked before commencing work at the Academy. These checks are;

1. References – two referees are asked to provide written information which supports whether the candidate is suitable for the job. They will also be asked to comment on your suitability to work with children and young people and vulnerable adults. You should obtain the prior consent of referees before using their names. References will not be accepted from relatives or from people writing solely on the basis of friendship.
2. Enhanced Access NI check – you will be required to complete an Access NI application before you can commence employment at the Academy. This check includes a check of the list of people who are barred from working with children and vulnerable adults. The Academy reserves the right to check this list at any time prior to appointment or throughout the duration of your employment. You must notify the Academy if you receive a criminal caution or conviction at any point during your employment.
3. Access NI or similar check if you have lived overseas – you will be asked to complete a declaration to state whether you have ever lived or worked abroad. If you have, you may be required to provide, at your own cost, a certificate of good character, Access NI certificate or similar from the country in which you resided.
4. Prohibition list checks – prior to employment, a check will be completed to ensure that you have not been prohibited from teaching or working with children in the UK or abroad. The Academy reserves the right to check this list at any time prior to appointment or throughout the duration of your employment.
5. Occupational health check – once a formal job offer has been made, successful candidates will be required to complete a medical questionnaire which will be assessed by an occupational health adviser. The occupational health adviser will assess and advise the Academy regarding your medical capability to complete the role.
6. Right to work – you will be required to provide documentation to prove your eligibility to work in the UK. This check will be completed prior to you commencing employment and may be rechecked at any point throughout the duration of your employment.
7. Qualifications – where your qualifications are an essential requirement of the post, you will be required to provide evidence prior to commencing employment.

All staff of the Academy must comply with requests to provide evidence or complete any documentation which supports their continued employment to work with children and young people; and vulnerable adults.

Have you ever been subjected to a prohibition or restriction of employment or further employment as a teacher/lecturer by the Department of Employment and Learning (DEL) or the Department of Education (DE) which currently renders you ineligible to teach in Further Education?

**Yes  No**

Have you been barred from working with vulnerable adults and/or children and therefore had your name placed on a Barred List?

**Yes  No**

**REFERENCES**

One of the references must be your current or most recent employer. As this is a regulated post one reference should be from your last post where you were working with children or young people or vulnerable adults.

|  |  |  |  |
| --- | --- | --- | --- |
| **CURRENT OR MOST RECENT EMPLOYER** | | | |
| **Name** |  | | |
| **Position** |  | | |
| **Address** | | | |
|  | | | |
| **Postcode** |  | | |
| **Telephone Number** |  | **Email Address** |  |
| Did this employment involve working with children or young people? | | | Yes No |
| Please tick if you **do not** wish to have your current or most recent employer contacted prior to being offered the post. | | | No |

|  |  |  |  |
| --- | --- | --- | --- |
| **OTHER EMPLOYER** | | | |
| **Name** |  | | |
| **Position** |  | | |
| **Address** | | | |
|  | | | |
| **Postcode** |  | | |
| **Telephone Number** |  | **Email Address** |  |
| Did this employment involve working with children or young people? | | | Yes No |

**By signing the declaration at the end of this form you are giving your consent for the Academy to contact your nominated referees as well as your present employer and any previous employers. The Academy reserves the right to contact your present and past employer(s) should you be offered the post.**

|  |  |
| --- | --- |
| **SIGNATURE** |  |
| **DATE** | Click here to enter a date. |

**EQUAL OPPORTUNITIES MONITORING**

The Academy is committed to ensuring that applicants are considered on an individual basis, irrespective of gender, sexual orientation, marital or parental status, disability, religion, social class, nationality or ethnic origin.

In order to monitor the effectiveness of our processes, we require applicants to provide the information outlined in the equal opportunities monitoring form. This information is confidential and is used solely for monitoring purposes. In the event of your appointment to the role, this information will form part of your staff record and will continue to be used for monitoring purposes throughout your employment at the Academy. For unsuccessful candidates, details will only be retained in an anonymised form for the purpose of tracking and monitoring. The use of this data will be subject to the provision of the Data Protection Act 2018 and GDPR.

FAILURE TO COMPLETE THIS FORM WILL RESULT IN YOUR APPLICATION BEING REJECTED

* FAIR EMPLOYMENT AND TREATMENT (NI) ORDER 1998
* FAIR EMPLOYMENT (MONITORING) REGULATIONS (NI) 1999 (AS AMENDED)

1. **Fair Employment Monitoring**

The Academy has a legal duty to ascertain your community background and sex under the Fair Employment and Treatment (NI) Order 1998. Regardless of whether we practice our religion, most of us in Northern Ireland are seen as belonging to either the Protestant or Roman Catholic Community. We are therefore asking you to indicate your community by ticking the appropriate box below.

|  |  |
| --- | --- |
| I am a member of the Protestant Community |  |
| I am a member of the Roman Catholic Community |  |
| I am not a member of either the Protestant or Roman Catholic Community |  |

1. **Gender** Male  Female

|  |  |
| --- | --- |
| 1. **Date of Birth** | Click here to enter a date. |
| 1. **Marital Status** |  |
| Single  Separated  Widowed  Married  Divorced | |
| 1. **Religion** |  |
| Roman Catholic  Church of Ireland  Presbyterian  Christian  Hindu  Muslim  Buddhist  Jewish  None  Other, please specify | |
| 1. **Ethnic Group** |  |
| White  Irish Traveller  Chinese  Bangladeshi  Pakistani  Black  Black Caribbean  Black African  Indian  Black Other  Other Ethnic Group, please specify  Mixed Ethnic Group, please specify | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Political Opinion** |  | | |
| Sinn Fein  Ulster Unionist Party (UUP)  Democratic Unionist Party (DUP)  Alliance Party  Social Democratic and Labour Party (SDLP)  No political party  I prefer not to say  Other, please specify | | | |
| 1. **Nationality** |  | | |
| 1. **Sexual Orientation** |  | | |
| Under the employment Equality (Sexual Orientation) Regulations (NI) 2003 sexual orientation means a sexual orientation towards:   * Persons of the same sex (this covers gay men and lesbians) * Person of the opposite sex ( this covers heterosexual men and women) * Persons of both sexes ( this covers bisexual men and women)   Please indicate below in relation to the above definitions your sexual orientation towards someone: | | | |
| A different sex (this covers heterosexual men and women) | |  | |
| Of the same sex (this covers gay men and lesbians) | |  | |
| Of the same sex and of the opposite sex (this covers bisexual men and women) | |  | |
| I do not wish to answer the question | |  | |
| 1. **Disability** | |  | |
| The Disability Discrimination Act 1995 states that a person has a disability if he/she has a “physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities”  Do you consider yourself to be disabled as set out under the Disability Discrimination Act?  Yes  No | | | |
| Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark ‘Other’ and specify the type of impairment | | | |
| Physical Impairment  (e.g. Arthritis, Mobility impairment)  Learning disability/difficulty  (e.g. Dyslexia, Nonverbal disability)  Long Standing illness  (e.g. Autism, Cognitive Disorders) | | | Sensory Impairment  (e.g. Hearing Loss, Visual Impairment)  Mental Health condition  (e.g. Mood disorders, Bipolar)  Other, please specify |
| 1. **Dependants/Caring Responsibilities** | | |  |
| Do you have personal caring responsibility for the care of any of the following?  A child or children  A dependent or older person  A person with a disability  None of the above | | | |