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# **Post: ICT / Creative Media (Maternity Cover)**

**New-Bridge Integrated College**

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*This application should be returned with the Equality Monitoring Form to:- Principal’s Secretary, New-Bridge Integrated College, 25 Donard View Road, Loughbrickland, BT32 3LN, or by hand by the closing date,* ***Noon on Thursday 19 May 2022****.* ***Applications forms may not be returned by email****.*

# **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

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

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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| Please demonstrate how you meet the “Essential” criteria (continue on a separate sheet, if necessary). |

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| Please demonstrate how you meet the “Desirable” criteria (continue on a separate sheet, if necessary) |

#### References

**Please nominate two referees both of which should be either your current or a previous employer. Please provide email addresses and telephone numbers for each referee**. (References will be sought once shortlisting has been completed).

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

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

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

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

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

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

### Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

**Completed forms should be returned NOT LATER THAN Noon on Thursday 19 May 2022.** Forms may be posted or hand delivered **to;**

### The College Secretary, New-Bridge Integrated College, 25 Donard View Road, Loughbrickland, BT32 3LN

**Completed application forms cannot be accepted by email.**

**New-Bridge Integrated College is an Equal Opportunity Employer promoting Equality and Fairness in Service and Employment.**