



RECENT PHOTOGRAPH
(PLEASE ATTACH)

FOR OFFICE USE ONLY:
S/L: Yes No
INT: Yes WD DNA
Int Date: _____ Time: _____
Dec: Suc Uns Res

Telephone: (028) 71276000
www.nwrc.ac.uk

FOR OFFICE USE ONLY:
Verified Date: _____
Initials: _____

DATE APPLICATION RECEIVED:

APPLICATION FOR APPOINTMENT

Information provided will be used by the College for the purposes of recruitment. If you are successful or an employee of the College the information on this form will become part of your employment record, will be held in a personnel file and used for employment purposes. Recruitment records are retained for 4 years and employment records are retained for 3 years beyond the period of employment.

Ref No/App No: /
Post Title:
Closing Date: Noon

INSTRUCTIONS TO APPLICANTS

- Please complete in full – CVs will not be accepted
- Do not enclose references with your application
- Complete all sections in black ink or typed script
- Refer to the notes of guidance accompanying this form carefully before completing the application form

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

PERSONAL DETAILS

Title:	Forename(s):	Surname(s):

Home Address:

Postcode:

Contact information *(please include full STD codes for telephone numbers)*:

Home No:	Mobile No:
Work No:	Email Address:

Do you have a full driving licence? *(Please tick)* Yes No

Have you been prevented from obtaining a driving licence because of a disability? Yes No

Do you require a work permit? *(See Point 12 of guidance notes)* Yes No

DISABILITY

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

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

Please print your name here:

EDUCATION RECORD

Please specify all academic qualifications obtained up to and including Level 4. If you hold overseas qualifications please identify the UK equivalent level to facilitate short listing.

Subject	Qualification	Level (QCF level see guidance notes)	Grade	Date Awarded	FOR OFFICE USE ONLY ORIGINAL QUALS VERIFIED DATE: INITIALS:

Please print your name here:

EDUCATION RECORD continued

Please specify all higher education qualifications obtained at Level 5 and above including professional qualifications.

Subject	Qualification	University /College	Level (QCF level see guidance notes)	Grade	Date Awarded	FOR OFFICE USE ONLY ORIGINAL QUALS VERIFIED DATE: INITIALS:

Please print your name here:

MEMBERSHIP OF PROFESSIONAL BODIES

If membership was conferred by examination please ensure that you provide details of the qualification obtained in the Education Record section on Pages 2/3.

Name of Body			
Date membership Conferred			
Current membership Status			

TEACHING IN FURTHER EDUCATION

Only Applicants for lecturing posts should complete this section.

Are you recognised by the Department of Education for Teaching in Further Education?

Yes No

If Yes what is your teacher reference number? TR No:

If No, please answer questions 1 and 2 below:

1 Do you hold GCSE English Language (Grade C, or above) or Essential Skills (Level 2, or above) in Communication, or equivalent?

Yes No

Please provide details of the equivalent qualification:

2 Do you hold GCSE Mathematics (Grade C or above) or Essential Skills (Level 2 or above) in Application of Number, or NICATS Access Maths module, or equivalent?

Yes No

Please provide details of the equivalent qualification:

3 Do you hold a teaching qualification? Yes No

If YES, please provide details:

Please print your name here:

EMPLOYMENT RECORD continued

Dates of service		Name and address of place of work	Post(s) held	Brief Description of Post	Reason for Leaving eg Redundancy, Ill-Health Retirement	Salary
From	To					

Please state your current salary

£

NOTICE: Offers of appointment are subject to verification of qualifications, satisfactory references, health and criminal records checks, confirmation of eligibility to work in the UK and to any other criteria which the College deems appropriate. When all the checks have been satisfactorily completed the successful applicant will be asked to give notice to his/her employer.

Please state what notice is required by your present employer:

FOR OFFICE USE ONLY

Query _____

Please print your name here:

EXPERIENCE AND TRAINING

Please answer the following question:

Have any of your **previous employers** referred you to the Independent Safeguarding Authority in relation to any misconduct for barring consideration?

Yes No

If yes please give the name of the employer: _____

Each aspect of the selection criteria should be addressed in this Section of the form. You may use this page and page 8 to indicate how you feel you satisfy the criteria for the post as set out in the Job Description.

NB: As stated in the guidance notes you must not enclose anything with this application form.

Please print your name here:

EXPERIENCE AND TRAINING continued

Please give any other information which you may consider relevant to this post.

Please print your name here:

REFERENCES

Please give the names, positions, full postal addresses and contact details for two people from whom the College may obtain further information in relation to your application.

One should be your current or most recent employer/line manager. One reference must be from your last post where you were working with children, young people or 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 friendships.

CURRENT OR MOST RECENT EMPLOYER

Name:

Position:

Address:

Postcode

Telephone No:

Email Address:

Did this employment involve working with children or vulnerable adults? Yes No

OTHER

Name:

Position:

Address:

Postcode

Telephone No:

Email Address:

Did this employment involve working with children or vulnerable adults? Yes No

References will normally be requested for short-listed applicants only.

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

Equal Opportunities Monitoring

The North West Regional College is committed to equality of opportunity for all employees and job applicants regardless of their perceived religious belief, political opinion, gender, marital status, dependants, disability, race, age or sexual orientation.

The North West Regional College selects those eligible and suitable for employment and advancement solely on the basis of ability, qualifications and aptitude to carry out the duties of the post. It monitors its activities to ensure that its equal opportunities policy is implemented effectively.

In order to fulfil its legal obligations under the Fair Employment and Treatment (NI) Order 1998, as amended in 2003, the College is required to monitor the religious composition of job applicants.

The information you supply will be held by the College's Fair Employment Monitoring Officer. Access to this information will be strictly controlled and will not be available to those considering your application for employment. Monitoring will be by the use of statistical summaries of information in which the identity of individuals will not appear. The information will not be available for any purpose other than equal opportunities monitoring.

While the College will seek to maintain the confidentiality of all documentation relating to appointments, disclosure of documentation may be required under the provisions of the fair employment and equal opportunities legislation applicable in Northern Ireland.

If you require any further information or a copy of the College's Equal Opportunities Policy statement please contact the **Workforce Development Department, North West Regional College, 78-80 Strand Road, LONDONDERRY, BT48 7AL.**

Pre-Employment Disclosure Consent Form

You have applied for a post which will bring you into contact with children and/or vulnerable adults. Prior to appointment it is our policy to ask for a criminal history check to be carried out by Access NI in order to assess suitability to work with children and vulnerable adults. In addition, if successful you will be required to be registered with the Independent Safeguarding Authority (ISA). This is a requirement of appointment and you will not be offered a contract if you do not comply with these requirements. Successful applicants will be required to pay for the ISA registration (if applicable) and the Access NI Enhanced check. Failure to do so will mean your application cannot be processed. Payment of fees does not guarantee appointment.

Any information received will be treated confidentially, and we will talk to you about it before a final decision is reached. After the decision is made the information will be destroyed.

Checks will only be carried out if you are considered to be the preferred candidate and are being offered an appointment or if you are deemed suitable for appointment and placed on a waiting list. You must tell us about all offences, even minor ones such as motoring offences, and 'spent convictions', that is, things which happened a long time ago. If you leave anything out it may affect your application.

EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE

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)

Please fully complete this form (tick boxes as appropriate):

1. Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	2. DOB:	<input type="text"/>			
3. National Ins No:	<input type="text"/>						
4. Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Other <input type="checkbox"/>	
5. Age:	16-25 <input type="checkbox"/>	26-35 <input type="checkbox"/>	36-45 <input type="checkbox"/>	46-55 <input type="checkbox"/>	56-65 <input type="checkbox"/>	66+ <input type="checkbox"/>	
6. Please indicate DEPENDANTS:	1 No caring responsibilities <input type="checkbox"/>		2 Care for Children <input type="checkbox"/>		3 Care for other relatives <input type="checkbox"/>		4 Other <input type="checkbox"/>
7. DISABILITY:	(as defined by the Disability Discrimination Act 1995): 'a physical or mental impairment which has a substantial or long term adverse effect on an individual's ability to carry out normal day-to-day activities'.						
Do you consider yourself to have such a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
8. Community Background:	I am a member of the Protestant Community <input type="checkbox"/>						
	I am a member of the Roman Catholic Community <input type="checkbox"/>						
	I am a member of neither the Protestant Community nor the Roman Catholic Community* <input type="checkbox"/>						
9. What do you consider your ethnic origin to be?	10. Nationality <input type="text"/>		e.g. Polish, Slovak, Chinese etc				
Black African <input type="checkbox"/>	Irish Traveller <input type="checkbox"/>						
Bangladeshi <input type="checkbox"/>	Pakistani <input type="checkbox"/>						
Black Caribbean <input type="checkbox"/>	White <input type="checkbox"/>						
Chinese <input type="checkbox"/>	Mixed Ethnic Group <input type="checkbox"/>						
Indian <input type="checkbox"/>	Any other Ethnic Group <input type="checkbox"/>	Please specify <input type="text"/>					

Please complete the following for Equality Monitoring purposes:

1. How would you describe your political opinion? Unionist generally
Nationalist generally Other I do not wish to answer this question
2. How would you describe your sexual orientation? Heterosexual Bisexual
Gay Lesbian I do not wish to answer this question

Access to this information will be strictly controlled and will not be available to persons considering applications for employment/promotion etc. Monitoring will be by the use of statistical summaries of information in which the identity of individuals will not appear. The information will not be available for any purposes other than equal opportunities monitoring and to meet the legal obligations of the North West Regional College in the event of a complaint.

NB: THIS QUESTIONNAIRE SHOULD BE RETURNED WITH THE APPLICATION FORM

FOR OFFICE USE ONLY

Method of Determination used: Direct Question Residuary* *If Residuary Used – Community Background Determined: Prot RC
Residuary form completed: Yes QLP Updated: Yes

EO Unit Reference: _____ Post Code: _____

PRE EMPLOYMENT DISCLOSURE CONSENT FORM

Please fully complete this section:

Maiden Name:	
Previous Surname(s):	
Are you currently registered with the Independent Safeguarding Authority (ISA)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please provide your ISA Registration Number:	

Have you **ever** been convicted at a court or cautioned by the police for any offence?

Yes No

If YES, please list below details of **ALL** convictions, cautions, or bind-over orders. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter:

--

Do you have any prosecutions pending? Yes No If YES, please give details:

--

Have you ever been involved in or been the subject of any adult or child abuse investigation? Yes No If YES, please give dates, details and outcomes of all incidents:

--

You cannot regard any conviction as being 'spent' as employment with the North West Regional College is exempt from the provisions of the Rehabilitation of Offenders (NI) Order 1978. Convictions, including those that are conflict related, do not necessarily debar an applicant from obtaining employment. A copy of the College's Recruitment and Selection Policy and the Criminal Record Procedure and Policy on the Recruitment of Exoffenders is available on the website at www.nwrc.ac.uk.

I have read the information and I am aware that I will be required to complete a separate form and identity documentation prior to checks being made. I am also aware that if deemed suitable for appointment I will be required to pay an appropriate fee in respect of ISA registration (if applicable) and a criminal record check and that this does not guarantee appointment. I declare that the information I have given is accurate and complete and I understand that any false statements or withholding of any relevant information may provide grounds for the withdrawal of any offer of appointment.

SIGNED:	DATE:
---------	-------

FOR OFFICE USE ONLY

EO Unit Reference: _____

Please print your name here:

PUBLICITY

Please indicate by ticking appropriate box as to how you became aware of this vacancy.

Advertisement in Press	<input type="checkbox"/>	Please specify publication _____
nijobs.com	<input type="checkbox"/>	
Jobs & Benefits Office	<input type="checkbox"/>	Please specify website _____
Community Groups	<input type="checkbox"/>	
Churches	<input type="checkbox"/>	
College website	<input type="checkbox"/>	Please specify _____
Internet	<input type="checkbox"/>	
Internal Trawl	<input type="checkbox"/>	Please specify _____
Other	<input type="checkbox"/>	

RETURN OF COMPLETED FORM AND DECLARATION

When you have completed this form (including the Equal Opportunities Monitoring Form and the Pre-Employment Disclosure Consent Form) please return it to the address below. Return all sheets of the form whether you have used them or not. **Late applications will not be accepted.**

**North West Regional College
Workforce Development Department
78 – 80 Strand Road
LONDONDERRY
BT48 7AL**

I certify that the information I have provided above is true, complete and correct to the best of my knowledge and I understand that any false statements or the withholding of any relevant information may provide grounds for the withdrawal of any offer of appointment or its immediate cancellation if an appointment has been accepted. I give my consent for the College to contact my nominated referees as well as my present and previous employers and to carry out pre-employment checks. I authorise the College to contact any external sources necessary to verify the accuracy of information contained within this application form.

SIGNED:	DATE:
---------	-------