



For Official Use:

REF: LunchtimeMay25/

# SULLIVAN UPPER SCHOOL HOLYWOOD, CO DOWN

**Confidential (when completed)**

**POST**

**Lunchtime Supervisor**

Permanent Part-Time (10 hours per week) Term-Time

## APPLICATION FORM

**Please read the following instructions carefully before completing this form**

1. Type/write in black ink. The font size cannot be altered in the fillable PDF version of the application form. If you convert the application form to another program, the font should be Arial, font size 11 and single line spacing. If pages are added to the application form it will invalidate the application.
2. Any alterations to this form will invalidate your application, such as increasing the number of pages.
3. Only applications which contain all the information which has been sought will be considered. Applicants must ensure they provide sufficient information on the application form to enable the selection panel to assess their eligibility for consideration.
4. Canvassing will disqualify.
5. Completed application forms must be returned by **12.00 noon on Tuesday 3 June 2025**. Applications received after this will not be considered.
6. If application forms are emailed to [agraham813@c2kni.net](mailto:agraham813@c2kni.net), an acknowledgement will be sent by return of email. If you have problems emailing your form, please contact Mrs Graham.

NB: 'Apple Pages' or Mac versions of the application form should not be emailed.  
Applications may be hand-delivered or posted (please print single-sided) to:

**Mrs Amanda Graham, Principal's PA**  
**Sullivan Upper School, Belfast Road, HOLYWOOD, BT18 9EP**

***Please type/write your Title, Preferred First Name and Surname below:***

**Name:** \_\_\_\_\_

## 1. PERSONAL INFORMATION

**Title** ie Mr/Mrs /Miss/Ms/Dr: \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Previous Surname** (if any): \_\_\_\_\_

**Forenames in full:** \_\_\_\_\_ **Known as:** \_\_\_\_\_

<b>Home Address:</b> Street Town  <b>Post Code:</b>		<b>Address for Correspondence</b> <i>(if different)</i>
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**Telephone Numbers:**    **Home:** \_\_\_\_\_    **Day-time:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

<b><i>Are you free to remain in and take up employment in the UK?</i></b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>National Insurance Number</b>	
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## 2. QUALIFICATIONS

*(Original documentary evidence will be required from the successful candidate)*

[illegible]

<i>Subject obtained/ to be taken</i>	<i>Year obtained/ expected</i>	<i>Level of Exam</i>	<i>Examining Body</i>	<i>Grade</i>

### **Higher Education**

<i>Name of University or College</i>	<i>Dates</i>	<i>Qualification / Degree Awarded</i>	<i>If honours, state class and division*</i>
<i>Main / subsidiary subjects (or modules) studied in each year</i>	<i>1<sup>st</sup> Year</i>	<i>2<sup>nd</sup> Year</i>	<i>3<sup>rd</sup> Year</i>

*\*Predicted grade/classification can be entered. If an offer of employment is made and the predicted grade/classification has been used as an essential, desirable or enhanced criterion and is NOT achieved, the offer will be withdrawn.*

### **Membership of Professional Bodies**

<i>Awarding Institution</i>	<i>Brief Description of Award</i>	<i>Qualification/membership status attained</i>	<i>Dates</i>

## **3. EMPLOYMENT HISTORY**

<b>Name and address of your present employer:</b>	
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**Present Position Title:** \_\_\_\_\_

**Date of appointment to present position:** \_\_\_\_\_ **Salary Scale Point:** \_\_\_\_\_

**Period of notice required:** \_\_\_\_\_

**Main duties/responsibilities of current position and to whom you are responsible.**

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**Previous Positions:** Please list your previous post(s), beginning with the most recent and giving the following information:

Employer's Name and Address	Job Title/Grade	Period of Employment dd/mm/yy		Summary of Main Duties and Responsibilities	Reason for Leaving
		FROM	TO		

#### 4. REFERENCES

Please give the names and addresses of two people, **who have agreed** to act as confidential referees, at least one of whom should be a previous or current employer able to comment on your professional ability to discharge the duties associated with the post and/or your suitability to work with children/young people. **Prior consent of referees should be obtained. References must not be submitted with this form.**

1.

<b>Name</b>	
<b>Position</b>	
<b>Address</b> <b>Street</b> <b>Town</b>	
<b>Postcode</b>	
<b>Contact</b> <b>Number</b>	
<b>Email</b> <b>address</b>	

2.

<b>Name</b>	
<b>Position</b>	
<b>Address</b> <b>Street</b> <b>Town</b>	
<b>Postcode</b>	
<b>Contact</b> <b>Number</b>	
<b>Email</b> <b>address</b>	

## 5. RELEVANT INFORMATION

**Important** - please provide relevant information in the space below, to demonstrate your ability and willingness to carry out the requirements of the job specification.

***Please use this page if additional space is required.***

## 6. SECURITY CHECK AND DECLARATION BY THE APPLICANT

As an employer within the education sector, we have a special responsibility to protect our pupils under the age of 18. Applicants should note that under the Rehabilitation of Offenders [Exceptions] Order (NI) 1979 [“the Exceptions Order”], posts in relation to providing schooling and other services to persons under 18, or carrying out duties on premises where persons under 18 are being provided with such services, are expressly excepted from the rights otherwise guaranteed by the Rehabilitation of Offenders Order (NI) 1978 [“the 1978 Order”]\*. Therefore it is imperative that applicants disclose any conviction that they may have at the time of their application for the position (see page 8). We will perform a security check on the successful candidate and failure to disclose convictions, spent or unspent, which are subsequently discovered may lead to dismissal or disciplinary action\*\*. Please note that having a criminal record will not automatically result in the failure of your application and any information disclosed will be treated as confidential.

\* School employees are excepted by Article 13 of Part 2 of Schedule 1 of the Exceptions Order: “Any office or employment concerned with the provision to persons aged under 18 of accommodation, care, leisure and recreational facilities, schooling, personal social services, supervision or training, being in an office or employment of such a kind as to enable the holder to have access in the course of his normal duties to such persons, and any other office or employment the normal duties of which are carried out wholly or partly on the premises where such provision takes place.”

\*\* Article 3 of the 1979 Order disapplied Article 5(3)(b) of the 1978 Order, which states: “A conviction which has become spent or any circumstances ancillary thereto or any failure to disclose a spent conviction or any such circumstances, shall not be a proper ground for dismissing or excluding a person from any office, profession, occupation or employment, or for prejudicing him in anyway in any occupation or employment.”

Any information retrieved by the security check will be treated as confidential. Please note that those applicants short-listed for interview will be asked to provide photographic proof of their identity, their original birth and/or marriage certificate and proof of the authenticity of their claimed qualifications.

I hereby certify and declare that:

- a. I have read the information pertaining to the position for which I now make application and that all the questions on this form have been accurately answered to the best of my knowledge and belief. I declare that I have not canvassed in any way and that the information contained in the form is true and accurate;
- b. I understand that this post is exempt from the provisions of the Rehabilitation of Offenders (Exemptions) (NI) Order 1978 by virtue of the Rehabilitation of Offenders (Exemptions) (NI) Order 1979 & (Exemptions Amendment) Order (NI) 1987. In the event of my application being successful, I consent to a check being made with AccessNI to determine if there is any record of convictions, cautions or bind-overs against me and understand the successful applicant will be expected to meet the cost of the enhanced disclosure check;
- c. I understand that the information on this form is required by Sullivan Upper School for the purposes of processing my application. The information is covered by the provisions of the Data Protection Act 2018 and General Data Protection Regulation (GDPR). The Privacy Notice for Applicants is available at [www.sullivanupper.co.uk](http://www.sullivanupper.co.uk) – I have read and understood this. Your signature to the form is deemed to be an authorisation by you to allow the Board to process and retain the information for the purpose(s) stated.
- d. I understand that the job offer will be subject to the satisfactory outcome of a security check and references. If the school considers it necessary, I shall submit to a medical examination by a Doctor appointed to the school on the understanding that the result will be confidential.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

***You may type your signature above and, should you be selected for interview, you will be asked to sign the application form.***

**NOTE:** Applicants must complete:  
**Page 8** Child Protection / Gaps in Employment / Offences /  
Schedule - Requests for Reasonable Adjustments  
**Page 9** Fair Employment Monitoring Questionnaire

**POST**

## Lunchtime Supervisor

Permanent Part-Time (10 hours per week) Term-Time

Name: \_\_\_\_\_

Ref: LunchtimeMay25/**CHILD PROTECTION**

*(Please note this post involves 'regulated activity' as defined under Safeguarding Vulnerable Groups (NI) Order 2007)*

Is there any reason as to why you would not be suitable to work with children/young people in an educational institution?

Yes ☐No ☐

If yes, please give details below:

**GAPS IN EMPLOYMENT**

*(Please provide information below to explain any gaps in your employment history)*

**OFFENCES**

Have you ever been convicted of any criminal offence?

Yes ☐No ☐

If YES, please give details of all such offences (including road traffic and motoring offences, cautions and/or bind-overs):

**SCHEDULE - REQUESTS FOR REASONABLE ADJUSTMENTS**

The Disability Discrimination Act 1995 defines disability as 'a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities'.

Applicants who require a reasonable adjustment within the appointments process should notify the School by completing this section of the Application Form, which will be detached and kept separately before the rest of the Application Form is considered for short-listing purposes.

Do you consider that you have a disability?

*(Please select appropriate box)*

Yes ☐No ☐

If yes, please describe below what assistance/reasonable adjustment you feel would assist you in the appointments process:

***Sullivan Upper School, as part of its Equal Opportunities Policy, welcomes applications from persons with disabilities.***

**Do not separate this form from the job application form.**



**POST****Lunchtime Supervisor**  
Permanent Part-Time (10 hours per week) Term-TimeRef: LunchtimeMay25/**FAIR EMPLOYMENT MONITORING QUESTIONNAIRE*****Private & Confidential***

We are an Equal Opportunities Employer. We do not discriminate on grounds of religious belief or political opinion. We practice equality of opportunity in employment and select the best person for the job. To demonstrate our commitment to equality of opportunity in employment we need to monitor the community background of our applicants and employees, as required by the Fair Employment and Treatment (NI) Order 1998.

Regardless of whether we practice religion, most of us in Northern Ireland are seen as either Catholic or Protestant. We are therefore asking you to indicate your community background by selecting the appropriate box below:-

I am a member of the Roman Catholic Community ☐I am a member of the Protestant Community ☐Neither\* ☐

If you do not complete this section, we are encouraged to use the "residuary method" of monitoring, which means that we can make a determination on the basis of personal information on file or your application form.

\* If you ticked the box marked 'Neither' above, please provide names and addresses of the primary and secondary schools which you attended:

Please also indicate by selecting the appropriate box whether you are:

Female ☐Male ☐

Age (please enter your date of birth) \_\_\_\_\_ (eg 01/02/1950)

**Note:** *The above information will be used for Equal Opportunities Monitoring. The questionnaire will be detached from your application form on receipt and the selection panel will not have access to it.*

Thank you for your co-operation in completing this questionnaire.

**Do not separate this form from the job application form.**