

For Official Use:

REF: | CaterAsstJan24/

SULLIVAN UPPER SCHOOL HOLYWOOD, CO DOWN

Confidential (when completed)

POST

Catering Assistant (2 posts)

Permanent Part-time (16 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 electronic Microsoft Word 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.
- 2. 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.

Any alterations to this form will invalidate your application.

- 3. Canvassing will disqualify.
- 4. Completed application forms must be returned by **12.00 noon** on **Monday 29 January 2024.** Applications received after this will <u>not</u> be considered.
- 5. It is preferred that completed application forms (ie Microsoft Word version) are emailed to <u>agraham813@c2kni.net</u>. An acknowledgement of all emailed applications will be sent by return of email. If you have problems emailing your form, please contact Mrs Graham.
 NB: 'PDF' or 'Apple Pages' versions of the application form should not be emailed.

If you do not have access to email, 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/w	rite your Title, Preferred First Name and Surname below:
Name:	
-	

Form updated August 2022 Page 1 of 7

1. PERSONAL INFORM	MATION			
Title ie Mr/Mrs /Miss/Ms/Dr:	Surn	name:		
Previous Surname (if any):				
Forenames in full:		1	Known as:	
Home Address:	Address for Correspondence (if different)			
Post Code:				
Telephone Numbers: Home	:	Day-	-time:	_
Contact Email:		Mob	ile:	
Are you free to remain in and	take up employm	ent in the UK	? Yes	No 🗌
National Insurance Number				
2. QUALIFICATIONS (Original documentary evidence)	e will be required fr	om the succes	sful candidate)	
Subject obtained/ to be taken	Year obtained/ expected	Level of Exam	Examining Body	Grade

3. EMPLOYME	NT HISTOR	Y					
Name and address of your present employ							
Present Position Tit	le:						
Date of appointment present position:	t to	Salary Scale Point:					
Period of notice requ	uired:						
Main duties/respons	sibilities of curre	ent position	and to w	hom you are respons	ible.		
	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 FROM TO		Summary of Main Duties and Responsibilities	Reason for Leaving		

Page 3 of 7

Form updated August 2022

abi				d/or your suitability to work with erences must not be submitted v	
ρσι	ppie. <u>Frior consent</u>	Of Telefees Should be	Obtained. Nei	erences must not be submitted v	<u>viur uns torni</u> .
1.	Name		2.	Name	
	Position			Position	
	Address			Address	
	Postcode			Postcode	
	Contact Number			Contact Number	
	Email			Email	
abo	w did you hear out this post? ase tick as	Local press Word of mouth	Twitter	Website	

REFERENCES

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 (NIO 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 6). 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 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.

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

NOTE: Applicants <u>must</u> complete:

Page 6 Child Protection / Gaps in Employment / Offences /

Schedule - Requests for Reasonable Adjustments

Page 7 Fair Employment Monitoring Questionnaire

Form updated August 2022 Page 5 of 7

SULLIVAN UPPER SCHOOL



POST

Catering Assistant (2 posts) Permanent Part-time (16 hours per week) Term-Time

Name:	Ref:	Cater/	AsstJan24/	
CHILD PROTECTION				
(Please note this post involves 'regulated activity' as defined under Safego 2007)	uarding Vulner	able Grou	ıps (NI) Order	
Is there any reason as to why you would not be suitable to work with children/young people in an educational institution?		se give d	No letails below:	
CARC IN EMPLOYMENT				
GAPS IN EMPLOYMENT	t his tama)			
(Please provide information below to explain any gaps in your employment	it nistory)			
OFFENCES				
	Va		N	
Have you ever been convicted of any criminal offence?	Ye		No 📙	
If YES, please give details of all such offences (including road traffic	and motoring	offence	s, cautions	
and/or bind-overs):				
SCHEDULE - REQUESTS FOR REASONABLE ADJUST	MENTS			
The Disability Discrimination Act 1995 defines disability as 'a physical or n		ent which	has a substantial	
and long-term adverse effect on her/his ability to carry out normal day-to-o		CIIL WILICI	i ilas a substatitiai	
	•			
Applicants who require a reasonable adjustment within the appointment completing this section of the Application Form, which will be detached a 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.

Page 6 of 7 Form updated August 2022

SULLIVAN UPPER SCHOOL



POST

Catering Assistant (2 posts)

1 001	Permanent Part-time (16 hours per week) Term-Time					
			Ref:	CaterAsstJan24/		
FAIR EMPI	OYMENT MONITORI	NG QUESTION	NAIRE <i>Pri</i>	vate & Confidential		
political opinio	qual Opportunities Employ on. We practice equality of nstrate our commitment to ackground of our applicant) Order 1998.	opportunity in empequality of opportu	oloyment and selection	of the best person for the lat we need to monitor the		
	whether we practice religio /e are therefore asking you ox below:-					
I am a memb	er of the Roman Catholic	Community				
I am a memb	per of the Protestant Com	munity				
Neither*						
•	complete this section, we that we can make a determ.	•		•		
* If you ticked the box marked 'Neither' above, please provide names and addresses of the primary and secondary schools which you attended:						
Please also in	dicate by selecting the appr	opriate box whether	er you are:			
	Female					
	Male					
Age (please	enter your date of birth)			(eg 01/02/1950)		
ques	above information will tionnaire will be detached I will not have access to it	d from your appl				
_	r your co-operation in cor not separate this	_		ation form.		

Form updated August 2022 Page 7 of 7