Application for Classroom Assistant

Applicants must complete all sections of the form in full and should not submit a Curriculum Vitae.

To facilitate photocopying please complete in BLACK INK.

Classroom Assistant - Special Educational Needs

Monday 24 March 2025 at 12.00 noon

Post

Closing Date

Job Code.

CA24/02/25

Applicants must ensure they provide assess their eligibility for considerations.								
1 PERSONAL DETAILS								
Surname:	Previous Surname(s)	:	Dr/Mr/Mrs/Ms/Miss					
Forename(s)								
Address:				Telephone number: (Home)				
Postcode:				(Daytime contact number)				
E-mail address:		National Insurance No.						
			e access to a car or other suitable form of transport if to meet the essential requirements of the post? YES/NO					
Do you hold a current driving licen	ce? YES/	NO If yes p	please state	e type of licence				
	documentary evidence will				Voca chicino diovenneto d			
Subject obtained/to be taken	Level of exa	m Examir	ning Body	Grade	Year obtained/expected			

Subject obtained/to be to	aken	Level of ex	am	Examini	ng Body	Grade	Yea	r obtained/exped	cted
Membership of Professi	ional B	odv							
Name of professional b			n/Memb	pership	status (ple	ease indicate if obtain	ned by	Date obtaine	ed
Hame of professional b	ouy	examination		ocioinp .	statuo (pie	ace maleute ii obtaii	iou by	Date obtaine	J u
		l							
3 PRESENT EMPLOYI	MENT								
Name and address of emp									
Position/Grade:	Da	ate of appointment: Annual salary/wage: Period of notice r					of notice required	d:	
Nature of duties:	•			•			•		
4 PREVIOUS EMPLOY	MENT	Please giv	ve detai	Is of pas	st employ	ment (beginning with	the most	recent)	
Name and address of	Job t	title/Grade		iod of	Ma	in duties and respon	sibilities	Reason	
employer			empl	oyment mm/yy				leaving	9
			From	To					
					1				

5	RELEVANT INFORMATION (IMPORTANT - PLEASE PROVIDE DETAILS OF HOW YOU MEET THE <u>ESSENTIAL AND DESIRABLE CRITERIA</u> TOGETHER WITH ANY ADDITIONAL INFORMATION YOU CONSIDER RELEVANT TO THE
	<u>DESIRABLE CRITERIA</u> TOGETHER WITH ANY ADDITIONAL INFORMATION YOU CONSIDER RELEVANT TO THE
	POST)
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GAPS IN EMPLOYMENT HISTORY Please account below for any time since leaving school which has not been included in previous information.					
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7 CHILD PROTECTION (Please note this post may involve 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 setting?					
8 REFERENCES					
Please give the names and addresses of two referees, one of whom should be a previous or current employer able to comment on your suitability to work with children/young people in an educational setting (if applicable) and/or your professional ability. Prior consent of referees should be obtained. References must not be submitted with this form.					
1 2					
Position held: Position held:					
Any person involved in the recruitment process for the post for which you are currently applying cannot act as a referee.					
The Board of Governors will seek references from present/previous employers for posts involving "regulated activity"					
9 DISABILITY					
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 adverse 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 requirements so that we can process your application fairly and make any reasonable arrangements/adjustments for your attendance at interview if shortlisted.					
The Board, as part of its Equal Opportunities Policy, welcomes applications from people with disabilities.					
10 DECLARATION (CANVASSING / FALSE DECLARATION / CONSENT) I hereby certify and declare that:					
The information supplied by me in this application is correct to the best of my knowledge and belief and acknowledge that if I am appointed to the position now sought statements of material fact herein subsequently discovered to be untrue may be considered by the Board of Governors as sufficient grounds to warrant termination of my appointment on the grounds of misconduct. I declare that I have not canvassed in any way.					
2) I understand this post is (or may be) exempt from the provisions of the Rehabilitation of Offenders (NI) Order 1978 by virtue of the Rehabilitation of Offenders (Exemptions) (NI) Order 1979 and (Exceptions Amendment) Order (Northern Ireland) 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. The Board of Governors strictly follows the Access NI Code of Practice, available to view at https://www.nidirect.gov.uk/publications/accessni-code-practice					
Signature					

Please complete and return this form, with the Monitoring Questionnaire to the address below by the date and time shown on the front of the form.

The Principal, Acorn Integrated Primary School, 110 Victoria Road, Carrickfergus, BT38 7JL.

LATE APPLICATIONS WILL NOT BE CONSIDERED

EQUAL OPPORTUNITIES QUESTIONNAIRE NON -TEACHING JOB APPLICANTS

DO NOT SEPARATE THIS QUESTIONNAIRE FROM THE APPLICATION FORM

Regardless of the number of times you have completed a questionnaire either as a previous applicant or Acorn employee, an equal opportunities questionnaire must be completed, in full, with each application.

PLEASE COMPLETE THE FOLLOWING SECTIONS: TICK BOXES AS APPROPRIATE SEX MALE **FEMALE** 1. 2. **MARITAL STATUS: MARRIED SINGLE WIDOWED DIVORCED** OTHER/SPECIFY_____ 3. **DATE OF BIRTH** 4. **DISABILITY** Do you consider yourself to have a disability? YES NO If yes, please indicate the nature of your disability by ticking the appropriate box(es). **MOBILITY** DEXTERITY/CO-ORDINATION **VISION** PSYCHIATRIC/MENTAL **HEARING LEARNING SPEECH** OTHER (Please specify): _____ 5. **RACE/ETHNIC ORIGIN:** WHITE **CHINESE IRISH TRAVELLER BLACK AFRICAN INDIAN BLACK CARIBBEAN PAKISTANI BANGLADESHI** OTHER (specify) _____ 6. FAIR EMPLOYMENT MONITORING INFORMATION Please indicate the community to which you belong: I belong to the Protestant Community I belong to the Roman Catholic Community I belong to <u>neither</u> the Protestant nor Roman Catholic Community NB. This questionnaire should be returned with the application form to:

The Principal. Acorn Integrated Primary School, 110 Victoria Road, Carrickfergus, BT38 7JL.

THANK YOU FOR YOUR CO-OPERATION.