

**Lagan College**

Application Form

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| Application for the post of: | | | | | |
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|  | | | | | |
| **Title** | | **Forename** | | **Surname** | |
| **Home Address** |  | | | | |
| **Telephone No.** | **Home** | | **Work** | | **Mobile** |
| **E Mail Address** |  | | | | |

**Applicants should note the following:**

* **Every section of the Application Form should be completed.**
* **Completed application must be signed and returned by time stated on the closing date.**
* **Only applications received by time and date stated will be considered.**
* **Only information provided in the Application Form will be considered. No additional sheets will be read.**
* **Applicants must ensure that all the relevant essential and desirable criteria are addressed in section 7 only. Each criteria must be referenced in order.**

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| Section 2: Education and Qualifications | | | | | |
|  | | **Dates** |  | | |
| Post Primary School attended  (A level qualifications obtained,  including grades) | |  |  | | |
|  | | **Dates** |  | | |
| University or College attended | |  |  | | |
|  | | **Dates** |  | | |
| Primary Degree or equivalent  (subject(s), classification) | |  |  | | |
|  | | **Dates** |  | | |
| Post-Graduate qualifications  (subject(s), classification) | |  |  | | |
| Teacher’s Reference Number | | | | Date of Award of Teaching Qualification | |
| Section 3: Present Position | | | | | |
| Name of School/  Organisation |  | | | Job Title: |  |
| Date of appointment |  | | | To whom accountable |  |
| Summary of main duties and responsibilities | | | | | |
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| Pay Position / Management points held | | | |  | |

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| Section 4: Previous Experience | | | | | |
| Name of School/  Organisation |  | | Job Title: | |  |
| To whom accountable | |  | | | |
| Date of appointment |  | | Date of leaving | |  |
| Reasons for leaving | | | | | |
| Name of School/  Organisation |  | | Job Title: | |  |
| To whom accountable | |  | | | |
| Date of appointment |  | | | Date of leaving |  |
| Reasons for leaving | | | | | |
| Name of School/  Organisation |  | | Job Title: | |  |
| To whom accountable | |  | | | |
| Date of appointment |  | | Date of leaving | |  |
| Reasons for leaving | | | | | |
| Name of School/  Organisation |  | | Job Title: | |  |
| To whom accountable | |  | | | |
| Date of appointment |  | | Date of leaving | |  |
| Reasons for leaving | | | | | |

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| Section 5: In-Service and other Professional Development Training | |
| Title(s) | Date(s) / Location(s) |
| Please indicate which of these activities/programme you found most valuable and why. | |
| Section 6: Other Activities and Interests | |
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| Section 7: Essential and Desirable Criteria for this Appointment (please extend the box as necessary) |
| Please read the statement of essential and desirable criteria for this appointment and use the space below to set out the evidence which in your opinion demonstrates that you meet each of the criteria. **You must refer to each criteria in order**. |

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| Section 8: References | |
| Please give the names, addresses and telephone numbers of two persons to whom application may be made in confidence for references. One of these persons should be able to write about your performance and achievement in your present position. | |
| **Name/Address/Email Address** | **Name/Address/Email address** |
| **Telephone No.** | **Telephone No.** |
| Section 9: Criminal Record Check | |
| Please state if you hold any convictions for criminal offences, including driving offences and provide brief details of each. | |
| Section 10: Please give details of any serious illness to date | |
|  | |
| Section 11: Declaration by the Candidate | |
| **Please sign the undernoted declaration**   * I have read and understood all the information given regarding this post and the procedure for making the appointment. * I have provided information in the application form which I believe to be honest and truthful. * I am willing, if offered the post, to agree to a criminal records check and a medical examination being carried out prior to the appointment being confirmed.   **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

For reasons of economy, applications are not normally acknowledged. If you wish to receive an acknowledgement, please mark the box with a ✓ and enclose a stamped self-addressed envelope

**Application forms should be addressed to: The HR Manager, Lagan College, 44 Manse Road. Belfast BT8 6SA.**

**Late application forms will not be accepted.**