

Application Form: Thank you for your interest. This Application Form should be completed in full using **BLACK INK**. Applicants will be assessed only on the information requested in the Application Form. Curriculum Vitae will not be considered. Failure to fully complete the Application Form may cause your application to be rejected.

Job applied for: **Early Years Manager**

## PERSONAL DETAILS

|  |  |
| --- | --- |
| Surname |  |
| First Names |  |
| Title |  |
| Address |  |
|  |
| Postcode |  |
| National Ins No |  |
| Mobile Telephone |  |
| Home Telephone |  |
| Work Telephone |  |

|  |
| --- |
| May we contact you at work? YES / NO |

**Closing Date: Tuesday 7th June at 12.00 noon**

**with Interviews to be held Week Beginning 20thJune 2022**

Applications received after the above time will not be considered.

Please return form to:

Admin Assistant, Coleraine Sure Start Partnership, 34c Society Street, COLERAINE BT52 1LA

Job Reference:\_\_\_\_\_\_\_\_\_

## EDUCATION

a) Please give full particulars of all secondary level educational qualifications.

|  |  |  |  |
| --- | --- | --- | --- |
| Level | Subject Passed | Grade | Year Attained |
|  |  |  |  |

b) Please give full particulars of all further educational qualifications.

|  |  |
| --- | --- |
| Degree/Diploma/Certificate | Month/Year Obtained |
|  |  |

c) Please specify any professional qualifications/memberships obtained including dates awarded.

|  |  |
| --- | --- |
| Name of professional body | Part No. with date and result |
|  |  |

d) Additional qualifications, training etc relevant to this post (with dates).

## MEDICAL HISTORY

1. Please provide brief details and approximate dates of any periods of sickness over the past two years.

b) Do you have a medical condition which may affect your performance in the job? Yes/No

If yes give details.

### EMPLOYMENT HISTORY

Name and address of present employer:

Date appointed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Present salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notice Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal duties of Present Post:

### EMPLOYMENT HISTORY

**PREVIOUS POSTS – starting with the most recent**

|  |  |  |
| --- | --- | --- |
| Dates | Name and Address of Employer | Post |
|  |  |  |
| Dates | Name and Address of Employer | Post |
|  |  |  |

### JOB RELATED EXPERIENCE - Essential Criteria

Applicants must indicate how their experience to date meets the requirements of the Job Description and fulfils the criteria contained in the Person Specification. Experience gained outside the workplace may be included. Please continue on a separate sheet if necessary.

|  |
| --- |
| Experience: A minimum of two years’ experience effectively managing a staff team (within the last 5 years) |
| Experience: A minimum of two years’ experience of working in partnership with other agencies and organisations in a leadership role OR representing your organisation (within the last 5 years) |
| Experience: Evidence of good communication skills - both oral and written |
| Experience: Evidence of good IT skills and competent use of Microsoft Word, Excel, Power Point and Outlook |
| Experience: Proven ability of planning and leading initiatives effectively |
| Experience: Evidence of the ability to work effectively in a team and on your own initiative |
| Other: Candidates must have access to a form of transport that will permit them to meet the requirements of the post in full  A full current driving license and access to a car to fulfil the requirements of the post Y/N  If No, a suitable alternative means of transport? Y/N  If Yes, what means of transport do you have to enable you to fulfil the requirements of the post? |

REHABILITATION OF OFFENDERS – (NI) ORDER 1978 AND (EXCEPTIONS) ORDER 1979.

Unprejudiced consideration will be given to candidates who declare criminal conviction(s) unless their offence(s) is/are manifestly incompatible with the post in question. Do you have or have ever had any convictions, cautions or bind-over orders in relation to any offence of any kind, which are to date unspent?

Please write “Yes” or “No” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Do not leave blank)**

**Note:** Custodial sentences of over 30 months can never become spent.

If you answered “Yes”, please give full details of the offence including the nature of the conviction, dates of conviction and sentence imposed.

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**Note:** that under the 1979 Rehabilitation of Offenders (Exception) Order, as amended by the 1987 Amended Order, an ex-offender must disclose information about current and spent convictions if the post involves access to the young, the old, the mentally or physically disabled or the chronic sick. If you are successful in this application, it may be necessary for a police check to be carried out before appointment can be confirmed. By signing this application for employment, you are agreeing to this check.

**Referees:**

Please give the names and addresses of two persons not related to you from whom references may be sought. One of these **MUST** be your present or most recent employer who is able to comment on your ability to carry out tasks of the position applied for.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby declare that to the best of my knowledge the above information is true and accurate.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: A CANDIDATE FOUND TO HAVE KNOWINGLY GIVEN FALSE INFORMATION, OR WILFULLY SUPPRESSED ANY MATERIAL FACT, MAY BE LIABLE TO DISQUALIFICATION OR, IF APPOINTED, TO DISMISSAL.**