

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 (Maternity Cover, 30 hours)

PERSONAL	DETAIL	.S
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Surname			
First Names			
Title			
Address			
Postcode			
National Ins No			
Mobile Telephone			
Home Telephone			
Work Telephone			
May we contact you	u at work?		YES / NO
	de die e Data Olasie e	D-1- Oth Man 1 40 00	
C	losing Date: Closing	<b>Date 8th May at 12.00</b>	noon
with I	nterviews to be held	Week Beginning 20 <sup>th</sup>	May 2024.
Д	applications received after the	e above time will not be cons	sidered.
Please return form to:			
riease return form to.			
Admin Assistant, Cole	raine Sure Start Partnership,	34c Society Street, COLER	AINE 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

lame of professional body	Part No. with date and result	
<u> </u>		
Additional qualifications, training etc relev	ant to this post (with dates).	
EDICAL HISTORY		
Please provide brief details and approximate	dates of any periods of sickness over the p	oast two y
b) Do you have a medical condition which m	nay affect your performance in the job?	Yes/
	lay affect your performance in the job:	1 63/
If yes give details.		

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

c)

## **CURRENT EMPLOYMENT**

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

JOB RELATED E	XPERIENCE - Essential Criteria	
fulfils the criteria co		neets the requirements of the Job Description and Experience gained outside the workplace may be ary.
Experience: A mini	imum of two years' experience effective	vely managing a staff team (within the last 5 years)
	nimum of two years' experience of voleadership role OR representing your o	working in partnership with other agencies and organisation (within the last 5 years)

Post

Dates

Name and Address of Employer

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
Outlook
Experience: Drayen chility of planning and loading initiatives offectively
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	e "Yes" or "No"	(Do not leave blank)
Note:	Custodial sentences of over	er 30 months can never become spent.
•	rered "Yes", please give full de and sentence imposed.	etails of the offence including the nature of the conviction, dates of
Order, an eaccess to the order.	ex-offender must disclose info ne young, the old, the mentally tion, it may be necessary for a	of Offenders (Exception) Order, as amended by the 1987 Amended ormation about current and spent convictions if the post involves or physically disabled or the chronic sick. If you are successful in police check to be carried out before appointment can be confirmed. It, you are agreeing to this check.
sought. On		of two persons not related to you from whom references may be sent or most recent employer who is able to comment on your ability for.
Name:		Tel No:
Address:		

Occupation:	
Name:	Tel No:
Address:	
Occupation:	
I hereby declar	e 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.