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| **Application must be received by**  **Monday 23 September 2024 12 noon** |
| Date received by School |

**FRIENDS’ SCHOOL LISBURN**

**Application for Post of ICT Manager**

**THIS FORM MUST BE COMPLETED IN FONT ARIAL, SIZE 12. DO NOT ALTER THE SIZE OF THE FORM. Please do not include a CV as it will not be considered.**

**Qualifications will only be considered by the short-listing panel if they are entered in sections 2A, 2B or 2C and are fully and properly described.**

**1 Personal Information**

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| Preferred Title Mr/Mrs/Ms Other \_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Forename(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  National Insurance Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**2 Training**

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| **A Qualifications gained at School – Please do not name the school**   |  |  | | --- | --- | | **Dates** | **Qualifications** | |  |  |   **B Further Education / University / Any further professional qualifications**   |  |  |  | | --- | --- | --- | | **Name of College/University** | **Dates** | **Qualifications** | |  |  |  | |

**C Professional Training**

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| **Description** | **Dates** | **Grades** |
|  |  |  |

**3 Employment History (please explain any gaps in your employment history)**

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| --- | --- | --- | --- |
| **Date**  **To - From** | **Name of Employer** | **Occupation** | **Reason for Leaving** |
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**4 Additional information in support of your application. Please do not enclose**

**a Curriculum Vitae.**

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| Please include information relevant to the duties of the position and **how you meet the stated**  **criteria in the Personnel Specification. Applicants who fail to address the stated criteria will**  **not be shortlisted.** |
| ***Please note that no additional information page(s) will be accepted*** |

**5 Criminal Offences(s)**

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| Have you been convicted of a criminal offence or is a charge pending? **YES / NO**  Is there any reason why you cannot work in Regulated Activity? **YES / NO**  If **YES** to either question please give details including the nature of offence and penalty (if any)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **NOTE**  This post is exempt from the provisions of the Rehabilitation of Offenders Order (Northern Ireland) 1978 by  virtue of the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979 and the Rehabilitation of  Offenders (Exceptions) (Amendment) Order (Northern Ireland) 1987. Applicants must therefore disclose  information about convictions which might otherwise be regarded as spent under the provisions of the Order.  Failure to disclose such convictions could in the event of employment result in dismissal or disciplinary action  by the Board of Governors.  Any information given will be treated confidentially.  Access NI Enhanced Vetting will be requested to assist with the decision making process.  A criminal record will not necessarily be a bar to an applicant obtaining a position. Any Disclosure Information  will not be used unfairly.  A copy of the Access NI Code of Practice is available on request. |

**6 Disabled Persons**

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| Are you registered under THE DISABLED PERSONS (EMPLOYMENT) ACTS (NI) 1945  AND 1960? **YES / NO** (Delete as appropriate)  If **YES**, give details of disability and Registration Number |

**7 References**

Please give the names and addresses of two referees at least one of whom should be able

to comment on your ability to carry out the duties of the post for which you have applied.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References must not be submitted**

**8 Declaration by Applicant**

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 questions on this form have been accurately answered to the best of my

knowledge and belief.

(b) I am not suffering from any disability, physical or legal, which would prevent the

satisfactory discharge of the duties of the post for which I have applied.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The completed form should be emailed to [recruitment@friends.lisburn.ni.sch.uk](mailto:recruitment@friends.lisburn.ni.sch.uk) by the date and time stated on the form.

**Please note the arrangements for submission of Monitoring Forms contained in the *Information for Applicants.***

**Late applications will not be considered.**

06/2018