

**SHANKILL SURE START APPLICATION FORM**

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| **Ref No** | **SSS/CCW – Childcare Worker (Little Wings) 20hrs x 48wks per annum** |
| **Application Number** |  |
| **Date Received** |  |

**PLEASE NOTE PLEASE COMPLETE**

**IN BLACK INK OR TYPESCRIPT**

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| **Post Applied For: Childcare Worker (Little Wings) – 20 hrs per week – 48 week contract** | | | | | | | | | | |
| **Surname:** | | | | **Forename/s:** | | | | | | **Title:** |
| **Address for correspondence:** | | | | | | | | | | |
| **National Insurance Number:** |  |  | | |  |  |  | **Please give details of any other surname which you have been known by:** | | |
| **Post Code:** | | | **Email Address:** | | | | | | | |
| **Telephone (Home):** | | | **Mobile:** | | | | | | **Business:** | |
| **In order to assess your eligibility to work in the UK we require some details in regard to your nationality.**  **Are you a citizen of an EU Country? YES/NO Country of Birth:** | | | | | | | | | | |
| **We are committed to promoting the inclusion in employment of people with a disability. If you are a registered disabled person and require any special arrangement to enable you to attend for interview, please state below:**  **Do you have a disability? YES/NO**  **If yes, please provide details:** | | | | | | | | | | |
| **Have you ever been convicted of a criminal offence? YES/NO**  **If yes, please provide details:** | | | | | | | | | | |
| **Do you hold a current full driving licence? YES/NO** | | | | | | | | | | |

**(A) PERSONAL DETAILS**

**(B) Your Current Employer**

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| --- | --- | --- | --- |
| **Name and Address of your current employer:** | | | |
| **Present Post:** | | **Date of Appointment:** | |
| **Salary:** | **Other benefits:** | | **Notice period:** |
| **Summary of Duties:** | | | |
| **How many days sickness absence have you had in the last 2 years? Number of Days:**  **How many periods of sickness have you had in the last 2 years?** | | | |

**(C) Your Previous Employers**

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| --- | --- | --- | --- |
| **Name of Employer** | **Job Title** | **From** | **To** |
|  |  |  |  |

**(D) School Education**

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| **From** | **To** | **Subject** | **Examination Taken** | **Result** | **Date Awarded** |
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**(E) Further Education**

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| **From** | **To** | **Name of**  **College/University**  **Course Provider** | **Examination Taken** | **Result** | **Date Awarded** |
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**(F) Professional Qualifications**

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| **Title of Qualification** | **Date of Award** |
|  |  |

**(G) Current membership of Professional Bodies:**

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| --- | --- | --- |
| **Title of Professional Body** | **Type/Grade of Membership** | **Date of Attainment** |
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**(H) References**

***Please give the names and address of two persons who would be willing to provide a reference. One must be your current/last employer, the other preferably a past employer. Both must be able to comment on your ability to carry out the duties of the post for which you have applied. Neither referee should be related to you*.**

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| --- | --- | --- |
| **Name:** | | |
| **Address:** | | |
| **Post Code:** | | |
| **Tel No:** | **Email Address:** | |
| **Name of Business Place:** | | |
| **What is the nature of your relationship with this person (eg manager etc.)?** | | |
|  | | |
| **Name:** | | |
| **Address:** | | |
| **Post Code:** | | |
| **Tel No:** | | **Email Address:** |
| **Name of Business Place:** | | |
| **What is the nature of your relationship with this person (eg manager etc.)?** | | |

**This section has been devised to assist in the shortlisting process and relates directly to the criteria outlined in the personnel specification. Failure to provide sufficient information/detail in response to the direct questions will in effect mean that your application may not be shortlisted, due to the lack of information.**

**1 Qualifications:**

**Do you hold a relevant Childcare qualification, minimum Level III**

**in Early Years Care and Education or equivalent? Yes/No**

**If ‘Yes’, please give details**: *(eg year gained, awarding body)*

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1. **Experience:**

1. **Do you have a minimum of three years’ experience of working with children aged 0-4 years, Yes/No**

**within a group setting, 2 of which must include working with children presenting with**

**additional/complex needs**

**If ‘Yes, please give details:** ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

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1. **Knowledge:**
2. **Do you have knowledge and understanding of the importance of the role of parents and carers**

**in children’s development? Yes/No**

**If ‘Yes’, please give details:**

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1. **Do you have knowledge and understanding of the importance of quality play**

**for children’s development? Yes/No**

**If ‘Yes’ please give details:**

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1. **Do you have an understanding of child protection issues? Yes/No**

**If ‘Yes’ please give details:**

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1. **Abilities/Skills:**
2. **Can you outline your experience of working as part of a team and on your own initiative? Yes/No**

**If ‘Yes’, please give details:**

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1. **Do you hold a current full driving licence valid for use in the UK and access to a car or Yes/No**

**demonstrate mobility to fulfil travel requirement of the post.**

1. **Desirable Criteria:**

**Please indicate if you have evidence to demonstrate the following:**

1. **Keyhole autism training? Yes/No**

**If ‘Yes’, please give details:**

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1. **TEAACH? Yes/No**

**If ‘Yes’ please give details:**

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1. **Hanen Learning Language and Loving it? Yes/No**

**If ‘Yes’ please give details**

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**6 Please give any other details which your feel may be relevant to this position.**

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**7** **I give permission for an Access NI and Social Services check to be made and I am aware that any spent**

**convictions will be disclosed Yes/No**

**DECLARATION:**

**I understand that this information may be verified as part of my application and that any resulting employment may be withdrawn on the ground of its inaccuracy.**

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

**Closing date for receipt of applications is 12 noon, Wednesday 8th February 2023.**

Application should be returned to: The Monitoring Officer

Shankill Sure Start

Alessie Centre

60 Shankill Road

BELFAST

BT13 2BB

SHANKILL SURE START

MONITORING INFORMATION

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| **Monitoring Reference Number SHANKILL SURE START – CHILDCARE WORKER (LITTLE WINGS) – 20HRS PER WEEK – 48 WEEK CONTRACT**    **Application No: SSS/CCW-** |

FOR MONITORING PUROPOSES ONLY

Shankill Sure Start monitors the application it receives for jobs in order to ensure that its recruitment practices promote equality of opportunity.

This information will be treated in the strictest confidence and protected from misuse and will not form part of your application. It will be used only for the purpose of monitoring our equal opportunity employment policy.

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| **Please indicate your religion or the religion to which you would be perceived to belong by ticking the appropriate box below:**  I am a member of the Protestant Community  I am a member of the Roman Catholic Community  I am a member of neither Protestant nor the Roman Catholic Community |
| **Please indicate your gender by ticking the appropriate box below:**  Male  Female |
| **Please indicate your marital status by ticking the appropriate box below:**  Married    Single  Divorced/Separated  Widowed  Other |
| *Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities*  **Do you consider that you meet this definition of disability?**  Yes  No  If **‘YES’** please state the nature of, or effects of your disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please describe your ethnic origin by ticking the appropriate box below:**  White  Irish Traveller  Black-Caribbean  Black-African  Black Other (please specify)  Bangladeshi  Other (please specify)  Indian  Pakistani  Chinese |