

**SHANKILL SURE START APPLICATION FORM**

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| **Ref No** | **SSS/CCW PF2Y-20hr post** |
| **Application Number** |  |
| **Date Received** |  |

**PLEASE NOTE**

**PLEASE COMPLETE IN BLACK INK OR TYPESCRIPT**

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| **Post Applied For: Childcare Worker Pf2Y– 20hrs/week, 39 week term-time** | | | | | | | | | | |
| **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:**

1. **Do you hold NVQ Level III in Early Years Care and Education or equivalent qualification? Yes/No**

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

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**Or**

1. **Do you hold NVQ Level II plus 1 years’ experience of working *within an early years setting*? Yes/No**

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

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1. **Experience:**

1. **Do you have evidence to demonstrate working in an early years setting in the last 4 years? Yes/No**

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

**ii) Can you evidence your knowledge and understanding of the importance of observation and planning in working with young children?**  **Yes/No**

**If ‘Yes’, please give details**:

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**(iii) Please outline evidence to demonstrate your knowledge and understanding of child protection issues:**

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1. **Abilities:**
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. **Desirable Criteria:**

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

1. **Completion of Programme for 2-3 Year Olds training? Yes/No**

**If Yes, please give details:**

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**(ii) Experience of working with children with additional needs? Yes/No**

**If Yes, please give details:**

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**(iii) Experience of working with parents? Yes/No**

**If Yes, please give details**:

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**(iiii) Hold a current UK Driving Licence and have access to a car Yes/No**

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

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**6** **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, Friday 20th June 2025**

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 PF2Y – 20 hours Term Time    **Application No:** |

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 |