**Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**





APPLICATION FOR APPOINTMENT AS:

**SCIENCE TEACHER {Full-time, Permanent}**

**NAME OF APPLICANT:**

**ADDRESS:**

(Complete in block capitals)

**PREFERRED CONTACT**

**TELEPHONE NUMBER:**

This form must be returned **no later than 12 noon on Thursday 15 May 2025** to

The School Manager

Malone Integrated College

45 Finaghy Road North

Belfast BT10 0JB

**GUIDANCE NOTES FOR COMPLETION OF APPLICATION FORMS:**

* Please also find enclosed the Job Description and Personnel Specification for this post.
* Please refer to the Job Description and Personnel Specification, as candidates are only shortlisted for the next stage of the recruitment process on the basis of information contained in the application form which meets the criteria detailed in the Personnel Specification. Applicants must ensure that they address the requirements of the post and the stated criteria clearly when completing their application form. Clarity of information is an essential pre-requisite and will be taken fully into account by the Board of Governors when it considers applications.
* Please ensure all questions are answered and that you fully complete the application form in either **black ink** or **typewritten**.
* Application forms which are received after the above time and date will **not** be considered.
* Please ensure that you retain the original format of the application form at all times.
* CVs must **not** be included and will not be considered. Please attach additional sheets if required.
* Due to the volume of applications we receive, we are normally unable to acknowledge receipt of application forms but we will write to you once shortlisting has been completed.
* If successful, you will be required to produce the following:  
  - **original birth certificate and/or marriage certificate** (as appropriate)  
  - **official original proof** of any qualifications supporting your application  
  - **photographic proof of identity** i.e. passport, driving licence or electoral identity card  
  - **completed pre-employment criminal record form** provided by the College.

***Malone Integrated College is an equal opportunities employer and welcomes applications from all sections of the Community.***

***Malone Integrated College is committed to safeguarding and promoting the welfare of children and applicants must be willing to undergo Child Protection screening appropriate to the post, including checks with past employers and Access NI.***

All information given will be treated in confidence. Candidates must complete all sections. If extra sheets are used, please mark clearly with your name.

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| **PERSONAL DETAILS**  Surname: .............................................................. Forename(s): .......................................................  Mr/Mrs/Miss/Ms: ................................................. Gender: ...............................................................  Date of Birth: ....................................................... National Insurance No: .......................................  Home Address: .................................................... GTCNI No: ..........................................................  ............................................................................. Telephone No(s)  ............................................................................. Home: .................................................................  Post Code: ............................................................ Mobile: ...............................................................  Email: .................................................................. Teacher Ref: ........................................................ |

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| **EDUCATION AND QUALIFICATIONS**  **A Secondary Education (Names of Schools/Colleges not required)** | | | | |
| From | To | Qualification Obtained (Please indicate Level, Subject/Grades) | | |
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| **B Further, Higher and Professional Education** | | | | |
| Name of Institution | | From | To | Qualification Obtained (Please indicate Level, Class Subject(s), Grades) |
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| **EMPLOYMENT HISTORY** (In Chronological reverse order starting with your current position i.e. 2025 | | | | |
| **Full Name, Address & Tel. No. of Employer** | **Type of Work, Duties and Responsibilities** | **Dates of Employment** | **Current Salary or Salary on Leaving** | **Reason for Leaving** |
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How much notice are you required to give your present employer? ……………………………….

If appointed when could you commence work? …………………………………………………..

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| **REFERENCES**  Names, addresses and occupations of **three** referees should be supplied, two of whom should be able to comment in a professional capacity. One of your referees must be either your current or previous employer (if any). Testimonials should not be submitted. Please indicate at least 2 referees who could be contacted prior to interview. References should not be supplied by relatives. | | | | |
| Name | Occupation Position | Address | Telephone Number | Contact prior to interview  Yes/No |
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| Please demonstrate how you meet the “Essential” criteria (continue on a separate sheet if necessary). |
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| Please demonstrate how you meet the “Desirable criteria (continue on a separate sheet if necessary). |

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| Please demonstrate, by providing personal, specific examples, of how you would promote the Principles of Integrated Education in everyday practice. |
| Please give details of any convictions for criminal offences which are not regarded as "spent" convictions under the Rehabilitation of Offenders (NI) Order 1978. (Include nature of offence and sentence):  ………………………………………………………………………………………………………  ……………………………………………………………………………………………………… |

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| Please note that this post may be a ‘regulated position’ as defined under POCVA (NI) Order 2003. Is there any reason as to why you would not be suitable to work with children/young people in an educational institution? If yes please give details below.  ………………………………………………………………………………………………………  ……………………………………………………………………………………………………… |

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| **ARE YOU REGISTERED DISABLED? YES/NO** |
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| **DECLARATION**  I declare that the information given on this form is to the best of my knowledge correct and complete. I accept that, if I have supplied any false statements or have withheld any relevant information, any offer of employment can be withdrawn or if appointed to the post dismissal from the College. In addition to the referees quoted, I understand that the College reserves the right to make such further enquiries on my candidature as it deems appropriate including any unspent civil or criminal convictions. I have read the conditions relating to the appointment of this post. I am physically and legally able to discharge satisfactorily the duties of the post for which I have applied. I agree to undergo a medical examination, if requested and agree to complete a Criminal Record Vetting Form before taking up this post. I also enclose the Monitoring Questionnaire.  Signature: ................................................................. Date: ................................................................ |
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Receipt of application is not normally acknowledged. If you wish to receive an acknowledgement, please mark box with a tick and enclose a stamped addressed envelope.