



Application No: \_\_\_\_\_

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

## APPLICATION FOR EMPLOYMENT

**Post:** Classroom Assistant

**Date Required:** October 2025

**Closing date for receipt of completed applications:** Noon Thursday 16<sup>th</sup> October 2025

**Please complete all sections in BLOCK letters or typescript using black ink. Candidates must ensure they provide sufficient information on the application form to enable the selection panel to assess their eligibility for consideration. Failure to do so will result in the application being rejected. A Curriculum Vitae or additional pages must not be submitted. Late applications will not be accepted.**

**BLACKWATER INTEGRATED COLLEGE IS AN  
EQUAL OPPORTUNITIES EMPLOYER**

### A. PERSONAL DETAILS

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel. No. (Home): \_\_\_\_\_ Tel. No. (Mobile): \_\_\_\_\_

Email address: \_\_\_\_\_

|                                                                        |                    |                                                                                     |                                                                                        |
|------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
|                                                                        |                    |                                                                                     |                                                                                        |
| <b>B. EDUCATION AND QUALIFICATIONS</b>                                 |                    |                                                                                     |                                                                                        |
| <b>1. Secondary Education</b> (Names of Schools/Colleges not required) |                    |                                                                                     |                                                                                        |
| <b><i>From</i></b>                                                     | <b><i>To</i></b>   | <b><i>Qualification Obtained</i></b> <i>(Please indicate Level, Subject/Grades)</i> |                                                                                        |
|                                                                        |                    |                                                                                     |                                                                                        |
|                                                                        |                    |                                                                                     |                                                                                        |
|                                                                        |                    |                                                                                     |                                                                                        |
|                                                                        |                    |                                                                                     |                                                                                        |
| <b>2. Further, Higher and Professional Education</b>                   |                    |                                                                                     |                                                                                        |
| <b><i>Name of Institution</i></b>                                      | <b><i>From</i></b> | <b><i>To</i></b>                                                                    | <b><i>Qualification Obtained</i></b><br><i>(Please indicate Level, Subject/Grades)</i> |
|                                                                        |                    |                                                                                     |                                                                                        |
|                                                                        |                    |                                                                                     |                                                                                        |
|                                                                        |                    |                                                                                     |                                                                                        |
|                                                                        |                    |                                                                                     |                                                                                        |
|                                                                        |                    |                                                                                     |                                                                                        |
|                                                                        |                    |                                                                                     |                                                                                        |

### C. EMPLOYMENT HISTORY

Please state below particulars of present and previous employment, starting with you most recent employer and working backwards. Indicate all periods of unemployment. Please also clarify if employment/placement was part-time, full-time, or so many hours per week, etc.

| <b>Full Name, Address<br/>&amp; Tel. No. of<br/>Employer</b> | <b>Type of Work, Duties<br/>&amp; Responsibilities</b> | <b>Dates of<br/>Employment</b> |           | <b>Full Time/<br/>Part Time/<br/>Hrs/Week</b> | <b>Current Salary<br/>or Salary on<br/>Leaving</b> | <b>Reason for Leaving</b> |
|--------------------------------------------------------------|--------------------------------------------------------|--------------------------------|-----------|-----------------------------------------------|----------------------------------------------------|---------------------------|
|                                                              |                                                        | <b>From</b>                    | <b>To</b> |                                               |                                                    |                           |
|                                                              |                                                        |                                |           |                                               |                                                    |                           |
|                                                              |                                                        |                                |           |                                               |                                                    |                           |
|                                                              |                                                        |                                |           |                                               |                                                    |                           |
|                                                              |                                                        |                                |           |                                               |                                                    |                           |
|                                                              |                                                        |                                |           |                                               |                                                    |                           |

**D.** Please outline below the skills and experiences you have gained (*either in paid work, unpaid work, voluntary work, work at home, through your studies, through your leisure activities*) which you think are relevant to the job for which you are applying, and which you believe makes you suitable for the post. Your narrative should also provide evidence as to how you meet the essential and desirable criteria for this post. Please do not use extra sheets.

**E. CHILD PROTECTION (Please note that this post is a 'registered 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?

Please provide information below to explain any gaps in your employment history.

**F. REFERENCES**

Please give the names and addresses of two referees, one of whom should be able to comment on your suitability to work with children/young people in an educational setting and/or your professional ability. Prior consent of referees should be obtained. References must not be submitted with this form. The Board of Governors will seek references from present/previous employers for all regulated positions.

1

Position held:

2

Position held:

Any person involved in the recruitment process for the post for which you are currently applying cannot act as a referee.

**G. DECLARATION**

The Board of Governors of Blackwater Integrated College reserves the right to verify the above information with your current or previous employer.

I declare that the information given on this form is to the best of my knowledge correct and complete.

I am physically and legally able to discharge satisfactorily the duties of the post for which I have applied.

I also enclose the Monitoring Questionnaire.

**Signature:** ..... **Date:** .....

Please return completed application form and monitoring form to:  
Blackwater Integrated College, 12 Old Belfast Road, Downpatrick, BT30 6SG or  
email to [info@blackwateric.downpatrick.ni.sch.uk](mailto:info@blackwateric.downpatrick.ni.sch.uk)

**Closing date for application is 16<sup>th</sup> October 2025 at 12 noon.**

## **APPLICANT DECLARATION**

**Please tick to confirm**

- ☐ I understand that by completing this declaration I am indicating my authorisation for Blackwater Integrated College to approach my current/most recent employer for a reference in the event of my being recommended for appointment.
- ☐ I understand that the information on this form is required by Blackwater Integrated College for the purposes of processing my application. The information is covered by the provisions of the Data Protection Act 1998 (as amended) and General Data Protection Regulation (GDPR). I have received a copy of the BIC Candidate Privacy Notice which I have read and understood.

|                  |  |             |  |
|------------------|--|-------------|--|
| <b>Signature</b> |  | <b>Date</b> |  |
|------------------|--|-------------|--|

**Please complete and return this form together with the Equal Opportunities Questionnaire by the closing date/time advertised, to the e-mail address/address on the front of this form.**