

APPLICATION FOR TEACHING APPOINTMENT

Post	Teacher of Art and Design (Key Stage 3&4)		
School/Location	Blackwater Integrated College		
Closing Date	Thursday 21 May 2026	Closing Time	12 noon
Return Arrangements	This form should be completed and returned to:		
	Blackwater Integrated College, 12 Old Belfast Road, Downpatrick BT30 6SG <u>or</u> emailed to info@blackwateric.downpatrick.ni.sch.uk		

Please ensure that you have read the 'Applicant Guidance Notes' before completing this application form. A Curriculum Vitae or additional pages must not be submitted. Applicants 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. Faxed or late applications will not be accepted.

SECTION A-PERSONAL DETAILS

(Dr/Mr/Mrs/Ms/Miss) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Forename(s)	Surname Previous Surname
Address		
Postcode	National Insurance Number	
Contact Email Address	Daytime Contact Number (s) (i) (ii)	
Are you free to remain in and take up employment in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
GTCNI Registration Number	Date of Registration (dd/mm/yy) <i>(or expected date as appropriate)</i>	
Teacher Reference Number	What notice are you required to provide your present employer?	

SECTION A- PERSONAL DETAILS (Continued)

Disability	
Blackwater Integrated College, as part of its Equal Opportunities Policy, welcome applications from people with disabilities.	
In accordance with the Disability Discrimination Act, a person is disabled if they have, or have had, "a physical or mental impairment which has, or has had a substantial and long-term adverse effect on their ability to carry out normal day to day activities".	
Do you have a disability that requires reasonable adjustments to be made if you are called for interview or assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you consider yourself to have a disability, please provide any relevant information about requirements that you may have so that reasonable arrangements can be made for your attendance at interview (if shortlisted).	

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 your current/most recent employer for all posts involving 'regulated activity' when a conditional offer of employment is made.	
Referee 1	Referee 2 (Current/recent employer)
Name: Address: Telephone Number: Capacity in which you (the referee) know this person: Position Held:	Name: Address: Telephone Number: Capacity in which you (the referee) know this person: Position Held:
Email Address:	Email Address:
Please note: Any family member or person involved in the recruitment process for the post for which you are currently applying cannot act as a referee.	

Teacher Training			
College or University Department	Dates		Qualification (s) obtained
Subjects studied during training (main subjects and other subjects)			
Has the final exam been passed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, when is the final result expected?	

Additional Qualifications		
Name of Awarding Body	Dates	Qualification(s) obtained

Membership of Professional Bodies		
Name of Organisation	Dates	Qualification/membership status attained

SECTION B- INFORMATION RELATING TO THE SELECTION PROCESS (CONTINUED)

Employment			
Present Teaching Employment			
Present Post Held			
School Name and Type			
School Address			
Postcode		Date Appointed to School	
Date Appointed to Present Post		Temporary or Permanent?	
Enrolment at Present School		Current Point on Teacher Salary Spine	
Key Stage (s)/ subject (s) taught since appointment			
Additional Teaching Responsibility Allowance Points (if any) attached to present post (include date of award of each allowance)			
Other allowances (if any) attached to present post (include date of award of each allowance)			
Outline duties/responsibilities attached to present post			

SECTION B- INFORMATION RELATING TO THE SELECTION PROCESS (CONTINUED)

Previous Teaching Experience (Please list most recent first)					
Name and type of school	Position held (Include details of salary, teaching allowances, days & hours worked each week)	Key Stage/Subject (s) taught	Reason for leaving	Dates	
				From dd/mm/yy	To dd/mm/yy

Employment continued					
Previous Teaching Experience (Please list most recent first)					
Name and type of school	Position held (Include details of salary, teaching allowances, days & hours worked each week)	Key Stage/Subject (s) taught	Reason for leaving	Dates	
				From dd/mm/yy	To dd/mm/yy

If you graduated since 1997 , please indicate if you have successfully completed the following:				
Induction	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Completed	
EPD	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Completed	
If you graduated before 1997 , please indicate if you have successfully completed the following:				
Probation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Completed	

SECTION B- INFORMATION RELATING TO THE SELECTION PROCESS (CONTINUED)

Employment					
Non-Teaching Employment (Please list most recent first)					
Name and address of employer	Job title/Grade	Dates (dd/mm/yy)		Main duties and responsibilities	Reason for leaving
		From	To		

Child Protection
(Please note this post involves 'regulated activity' as defined under Safeguarding Vulnerable Groups (NI) Order 2007 (see notes of guidance))
Are you aware of anything in your employment or personal history which would render you unsuitable to work with children and young people?
Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details below

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

Transport	
Do you hold a current driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have access to a car or other suitable form of transport if necessary to meet the essential requirements of the post?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION B- INFORMATION RELATING TO THE SELECTION PROCESS

Desirable

In this section applicants must present clear evidence to demonstrate how they meet each of the **Desirable** criteria, including relevant dates (as appropriate) and relevant examples. Please ensure you only use the space provided. Additional pages will not be submitted to the selection panel.

Desirable Criteria

SECTION C- APPLICANT DECLARATION

Please tick to confirm

- I have read the Terms and Conditions of Appointment relating to the position. I declare that I have not canvassed in any way and that the information contained in this form is true and accurate. I understand that canvassing and/or falsification of information could result in disqualification or dismissal.
- I understand that this post is (or may be) exempt from the provisions of the Rehabilitation of Offenders (NI) Order 1978. In the event of my application being successful, I consent to a check being made by Access NI, a single history disclosure body, to determine if there is any record of criminal convictions, pending prosecutions, cautions or bind-over orders against me.
- 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.

Signature		Date	
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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.

Fraud Prevention and Detection - The Authority is under a duty to protect the public funds it administers and, to this end, may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Equal Opportunities Monitoring Questionnaire

Guidance notes are on the reverse of this form

NATIONAL INSURANCE NUMBER- please specify:.....

AGE- Please enter your date of birth (dd/mm/yyyy):..... (e.g. 05/08/1948)

SEX- I am: Male Female

DISABILITY

I have: No disability

A physical impairment, such as difficulty using arms or, mobility requiring a wheelchair or crutches

A sensory impairment, such as blind/visual impairment or deaf/hearing impairment

A mental health condition, such as depression or schizophrenia

A learning disability, such as Down's syndrome, dyslexia or cognitive impairment such as autism

A long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy.

Other.....

MARITAL STATUS

I am: Single (never married)

Married (living with spouse)

Married (separated)

Civil partnership (same sex)

Divorced

Widowed

Other.....

RACE, COLOUR OR ETHNIC/NATIONAL ORIGINS

I am: White Chinese Irish Traveller Indian Pakistani Bangladeshi

Black African Black Caribbean Black Other.....

Mixed Ethnic Group..... Other.....

NATIONALITY- Please specify:.....

SEXUAL ORIENTATION- My sexual orientation is towards:

Persons of a different sex to me, I am a heterosexual man or woman

Persons of the same sex as me, I am a gay man or lesbian

Persons of both sexes, I am a bisexual man or woman

ADVERTISING- Please name any newspapers and/or websites where you learned of this job:

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DO NOT SEPARATE THIS FORM FROM THE JOB APPLICATION FORM

GUIDANCE AND SUMMARY OF THE EQUAL OPPORTUNITIES POLICY

Blackwater Integrated College is an Equal Opportunities Employer. It is our policy to provide equality of opportunity to all persons regardless of their sex, pregnancy or maternity related issues, race, age, sexual orientation, whether they are married or in a civil partnership, whether they are disabled, or whether they have undergone, are undergoing, or intend to undergo gender reassignment.

We do not discriminate on any of the grounds listed above.

In this questionnaire we are asking you to provide us with some personal information about yourself. We are doing this to demonstrate our commitment to promoting equality of opportunity in employment. The information which you provide will assist us in measuring and developing the effectiveness of our equal opportunities policy and to develop any affirmative action policies.

You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so- please tick this box if that is your preference, so that we know not to send you a reminder questionnaire.

Access to this information will be strictly controlled and monitoring will involve the use of statistical summaries of information in which the identity of individuals will not appear.