

VICTORIA COLLEGE BELFAST
 (incorporating Richmond Lodge School)
 Cranmore Park Belfast BT9 6JA
 Tel: 028 90661506

REF: _____

CONFIDENTIAL

**APPLICATION FORM FOR
 HEAD OF ART AND DESIGN**

Application must be received by 3.00 pm on

FRIDAY 22nd MAY 2015

Date and time received

THIS FORM SHOULD BE COMPLETED IN BLACK INK OR MAY BE TYPED

1 Personal Information

Name in full Mr, Mrs, Miss, Ms, Dr _____ Surname _____	
Forename(s) _____	
Address _____	
Telephone No _____	
Marital Status _____	Date of birth _____
Qualified Teacher Status YES / NO	Teacher's Ref No _____
Are you registered with GTCNI YES / NO	Date/Expected Date of Registration _____

2 Secondary/Further Education

Name(s) of School(s) Attended	Senior Certificate/ GCE ('O' Level) GCSE Subjects and Grades	'A' Level (including Grades)

3 University Education

Name of University	Full or Part-time	Degrees Awarded			If honours, state Class and Division
		1 st Year	2 nd Year	3 rd Year	
Subjects successfully taken in each year					

4 Teacher Training

College or University Department	Dates	Qualification(s) obtained
Subjects studied: Main Subject(s) _____		
Other Subject(s) _____		
Has the final examination been passed Yes/No. If 'No', when are results expected?		

5 Additional Qualifications (with grades and dates)

6 In-Service Training (Give details of relevant recent in-service training and dates)

7 Present Teaching Post (Notice required to terminate appointment _____ months)

Name and address of School _____

Area Board or Local Education Authority _____

Type of School _____ Current Enrolment _____

Date of appointment to School _____ Temporary/Permanent (Delete as appropriate)

Subject(s) taught since appointment _____

Present Post _____

Responsibility Points: 1 2 3 4 5 (Circle where appropriate)

Date of award of responsibility points _____ Present Salary _____

Outline details of current duties undertaken

8 Previous Permanent Teaching Appointments, Temporary Teaching Appointments of Not Less Than One Term or Teaching Practice if Training Recently Completed.

Name and address of School	Type	Approximate enrolment	Position held	Subject(s) taught (with standard)	Dates	
					From	To

Date of completion of probationary service _____

Aggregate of teaching service claim

9 Non Teaching Appointments (with dates, position held and salary)

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10 Gaps in Employment History

Please account for any gaps in your employment history since leaving full-time education.

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Candidate should provide clear evidence to demonstrate how they meet the essential and desirable criteria for the post.

11 Qualifications and Experience

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12 Knowledge and Skills

13 Personal Qualities

14 Health and Safety and Risk Assessment

Candidates should demonstrate their ability to identify and be responsible for all Health and Safety issues and risk assessments that arise within the Art and Design Department.

15 Child Protection

This post is a regulated position as defined under the POCVA (NI) Order 2003. Is there any reason why you would not be suitable to work with children/young people in an educational setting? YES / NO

If YES, please give details: _____

16 References

Please give the names of two referees, one of whom should be able to comment on your professional work.

Prior consent of referees should be obtained.

Name _____	Name _____
Position _____	Position _____
Address _____	Address _____
_____	_____
_____	_____
Telephone No _____	Telephone No _____

17 Interview - Special Arrangements

The College welcomes applications from people with disabilities. If you have a disability which requires special arrangements for interview, please specify below the assistance you require.

18 Declaration by Applicant

I hereby certify and declare that:

- (a) I have read the information pertaining to the position for which I now make application and that all the questions on this form have been accurately answered to the best of my knowledge and belief.
- (b) I am not suffering from any disability, physical or legal, which would prevent the satisfactory discharge of the duties of the post for which I have applied.

I shall submit to a medical examination by a Doctor appointed by the College on the understanding that the report will be confidential.

Signature of Applicant _____ Date _____

The completed form should be returned to the Headmistress, Victoria College Belfast, by the date and time shown at the top of the form. **Late applications will not be considered.**