

**APPLICATION FORM**

**SEN ADVISOR, ADVICELINE SERVICE**

**SPECIAL EDUCATIONAL NEEDS ADVICE CENTRE (SENAC)**

Graham House, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8BH

Dear Applicant,

Thank you for your interest in this position.

**Please read the accompanying Applicant Information Pack before completing this application form.**

Please returncompleted Application Forms to [heather.larkin@senac.co.uk](mailto:heather.larkin@senac.co.uk) by 5.00pm on the closing date of Friday 2nd February 2024. Applications received after this time and date will not be considered.

**Please note CVs will not be accepted for this post**.

All information provided on your application will be treated in confidence and in line with relevant legislation, regulations and SENAC’s Policies.

**Equal Opportunities:** As an employer of a small team of employees SENAC is not required under current legislation to include an Equal Opportunities Monitoring Form. However, SENAC is committed to promoting equality of opportunity and maintains an equal opportunities policy and recruitment and selection policy, solely based on the ability to meet the requirements of the post irrespective of race, ethnic or national origins, religion, disability, gender, marital or family status, sexuality, age, religious belief, or political opinion.

SENAC is opposed to all forms of unlawful and unfair discrimination.

**CHARITY NIC1013**

**Position applied for: SEN Advisor, Adviceline Service**

**2 year fixed term from date of appointment.**

**Completed Application Forms must arrive no later than 5.00pm on Friday 2nd of February 2024.**

Please complete this form in black ink or typescript

**PERSONAL PARTICULARS**

|  |  |
| --- | --- |
| **Title** |  |
| **Full Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Email** |  |
| **Telephone** |  |

Applicants should complete their Application Form both fully and concisely.

Having read the Personnel Specification and Job Description, pleasedemonstrateinthis form that you meet the criteria**.** Please provide details of the knowledge, experience, and skills you have which will demonstrate that you can discharge the duties of this post and meet the criteria. You should provide specific **details and practical examples for each criterion** as no assumptions will be made from posts you have held, or duties previously undertaken that you have the necessary knowledge, experience, and skills.

Your application will be assessed for shortlisting for interview solely based on the information provided by you on this Application Form and that you have **fully demonstrated with examples** how you meet each criterion for this post.

The decision to shortlist applicants to the next stage of the recruitment process will be based on the Essential Criteria set out in the Personnel Specification.

**DETAILS OF PRESENT EMPLOYMENT**

|  |  |  |
| --- | --- | --- |
| Job Title |  | Start date of current employment |
| Name and Address of Employer |  | Notice Period |
| Summary of key responsibilities and duties | | |
|  | | |
| Reason for Leaving | | |

**PREVIOUS EMPLOYMENT**

Please give details of all previous employment undertaken by you.

Start with the most recent position first. Please account for any gaps in employment.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Address of Employer** | **Employment**  **Dates** | **Position held and outline of duties** | **Reason for leaving** |
|  |  |  |  |

**ESSENTIAL CRITERIA**

**EXPERIENCE**

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| --- |
| *A minimum of twelve months’ experience in an advice-giving role, i.e. provision of advice in an in-person role or via telephone advice in an employed or volunteer capacity.* |

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| *Experience processing and handling of confidential and personal client data.* |

**SKILLS AND ATTRIBUTES**

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| *Excellent communication skills, both verbal and written.* |

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| *Ability to understand and disseminate complex information to clients in a simpler form.* |

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| *Excellent organisational skills* |

**Have you ever been convicted of a criminal offence** YES/NO

If so, please give full details. You need not include motoring convictions unless your driving licence has a current endorsement as a result, and you need not include convictions which are ‘spent’ under the Rehabilitation of Offenders (NI) Order 1978

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**ARRANGEMENTS FOR INTERVIEW**

Disability is defined as:

‘*Any physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities and which has lasted or is likely to last more than 12 months.’*

Having read this definition, do you consider yourself to have a disability? YES/NO

If yes, please advise if you will require any access arrangements if selected for interview:

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**REFEREES**

Please give the names, addresses and occupations of two referees. The referees must not be related to you. One should be your present or most recent employer. Both referees should be able to comment on your ability to carry out the tasks of this role.

**References will not be sought prior to interview.**

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| --- | --- | --- |
|  | **Referee 1** | **Referee 2** |
| **Name** |  |  |
| **Address** |  |  |
| **Postcode** |  |  |
| **Email** |  |  |
| **Occupation** |  |  |

The information provided on this Application Form will be used in the recruitment process and it may form the basis of personnel records for the successful applicant. Records of the selection process will be kept for a short period of time until the recruitment process is completed. By submitting this form, you have given permission for this personal information to be stored and processed for the purpose of arriving at a selection decision.

**DECLARATION AND SIGNATURE**

I certify that the information I have provided is true and accurate to the best of my knowledge and I understand that any false or misleading statements or the withholding of any relevant information may render this application null and void, may provide grounds for the withdrawal of any offer of appointment or if appointed, may lead to disciplinary action, and could result in dismissal.

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| --- |
| **Signed:** |

|  |  |
| --- | --- |
| **Print Name** | **Date** |