

APPLICATION FORM

IN CONFIDENCE

Application for the post of

Constituency Assistant for Diana Armstrong MLA

NB: This application form may be submitted either as a hard copy or electronically.

Completed applications (including postal, faxed applications and electronic submissions) must arrive not later than 12pm (noon) on 22 November 2024.

Submit Applications to diana.armstronguup@gmail.com or Post to 1 Regal Pass, Enniskillen, BT74 7NT

PLEASE READ THESE NOTES CAREFULLY BEFORE COMPLETING THE FORM

Only details of qualifications (if applicable), employment history and responses to job criteria will be provided to the selection panel. In completing your form, you must, if required, provide details of:

- **QUALIFICATIONS**

Relevant or equivalent qualifications, type of qualification and date awarded. If you believe your qualification is equivalent to the one required, the onus is on you to provide the panel with details of modules studied etc. so that a well-informed decision can be made.

- **RELEVANT EXPERIENCE**

The selection panel may decide to interview only those applicants who appear, from the information available, to be most suitable in terms of relevant experience and ability. It is therefore essential that applicants describe fully in the application form the extent to which they satisfy the specified criteria (giving length of experience, examples and **dates** as required). The selection panel will be interested in whom you reported to, what **you** did and how successful **you** were. It is **not** sufficient to simply list your duties and responsibilities. The selection panel will not make assumptions from the title of the applicants' posts as to the skills and experience gained.

- **APPLICATION FORMS**

Applicants are reminded that the application form must be **fully** completed. Incomplete application forms will not be considered. CVs, letters or any other supplementary material will not be accepted in place of, or in addition to, completed application forms. Only the information presented in the application form will be considered by the selection panel. Those applicants invited to interview, who submitted their applications electronically, will be required to formally sign their applications prior to interview.

Your application will be examined by a selection panel whose job it is to assess the content of your application against pre-determined criteria, based on the requirements of the position. It is therefore in your own interest that you provide a detailed and accurate account of your qualifications/experience, including relevant dates. Any inaccuracy in completing your form may result in rejection, and no further information can be added to your application after the closing date to support your candidature.

WHEN COMPLETING YOUR APPLICATION FORM

- Please note that applications considered illegible because of
 - poor handwriting
 - font / font size
 - use of ink colour which is difficult to read or photocopy

will be rendered invalid. Font size 12, block capitals (if handwritten) and black ink are preferred.

- Do not use acronyms, complex technical detail etc. Write for the reader who may not know your employer or your job. Include concise examples and dates and be sure you can expand on these at interview.
- Write down clearly your personal involvement in any experience you quote. Write 'I' statements e.g. I planned meetings, I managed a budget, I prepared a presentation. It is how you actually carried out the piece of work that the selection panel will be interested in.
- Identify relevant examples. This is very important, as you may need to be prepared to talk about these examples in detail if you are invited to interview. It is **your** unique role the panel is interested in, not that of your team.
- Do **not** alter the layout of the form in any way (including changing the size of the response boxes provided) OR print/write details outside the boxes. Additional text/writing will not be made available to the selection panel. All writing must be clear and legible. **Forms completed incorrectly may be rejected.**

1. PERSONAL DETAILS

National Insurance No

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(This must be completed)

Surname _____ Title _____

Forenames _____ Known As _____

Address For Communication _____

_____ Town _____

County (if applicable) _____ Postcode _____

Daytime Tel No _____ Evening Tel No _____

Email Address _____

2. EDUCATION

Please provide details of your secondary/grammar education including attendance at technical college if appropriate in the table below.

Name & Address of School/College	Name & Level of Qualification(s) Gained	Dates Attended		
			To	
			To	
			To	
			To	

3. OTHER INFORMATION

If appointed, how much notice would you require before taking up appointment?

4. ADVERTISERS

How did you learn of the post?

Belfast Telegraph
Friend/Family Member
Irish News
N.I. Job-Finder
Belfast Newsletter
Other (Please specify)

5. REASONABLE ADJUSTMENTS

Do you require any reasonable adjustments to assist you in any part of this process?

Yes No

If 'Yes', you may be contacted to discuss the requirement.

In the box below, please state the adjustments required.

Do you require any arrangements to assist you if called for test/interview? Yes No

If yes, please state the arrangements that will be needed to enable you to attend.

For further information on assistance, please contact Diana Armstrong on 07970968304

6. GUARANTEED INTERVIEW SCHEME

The Equality Commission's guidance 'Outreach Positive Action - A Guide to the Law and Good Practice for Employers' recommends the use of a Guaranteed Interview Scheme (GIS). This scheme has been developed for applicants with disabilities or those with a long-term impairment or health condition, that is expected to last for at least 12 months and which means that they cannot meet all of the shortlisting criteria. In these instances, provided that the applicant has demonstrated in their application form that they meet the essential criteria for the post, the applicant will be offered a guaranteed interview.

The Disability Discrimination Act 1995 introduced a legal definition of "disability". Under the terms of the Act, a disability is defined as:

"A 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".

Please tick Yes or No if you wish to apply under the Guaranteed Interview Scheme:-

Yes No

BASIS FOR APPLYING UNDER THE GUARANTEED INTERVIEW SCHEME (GIS)

Please tick box(es) to indicate all of the disabilities which you may have. It may be that you have a medical condition with a specific name (e.g. multiple sclerosis or epilepsy). To aid our understanding, if you are prepared to name any condition which affects you, please do so in the box below.

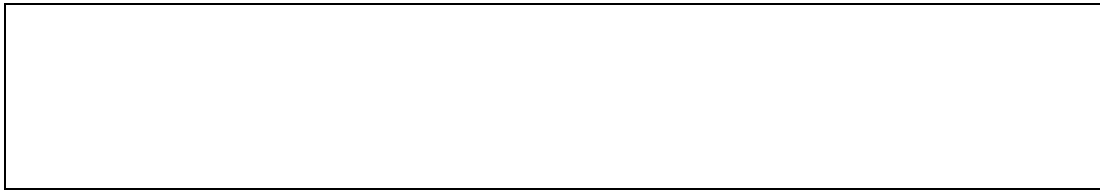
We reserve the right to request medical information from your own general practitioner (through you and with your consent) for advice.

- Hearing impairment
- Visual impairment
- Speech impairment
- Mobility impairment
- Physical coordination difficulties
- Reduced physical capacity
- Severe disfigurement
- Learning difficulties
- Mental illness / mental health difficulty
- Manual Dexterity
- Perception of the risk of physical danger

- **Other (Please specify below)**

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- **Medical Condition (Please specify below)**



7. EDUCATIONAL QUALIFICATIONS

University or other further education

First degree (or other third-level qualification)

University or college _____

Dates of attendance _____

Title of qualification _____

Type of degree, diploma/certificate
including class and division _____

Main subjects _____

Date awarded/expected _____

Post-graduate qualifications

University or college _____

Dates of attendance _____

Title of qualification _____

Type of degree, diploma/certificate
including class and division _____

Main subjects _____

Research or study _____

Date awarded/expected _____

8. PROFESSIONAL QUALIFICATIONS

Title	Date

Professional bodies of which you are a member (please include type of membership)	Date of registration	Registration No.

9. EMPLOYMENT HISTORY

Detail all your employment /self-employment (and unemployment) for the last 10 years starting with the present/most recent. Show the dates of employment, name of employer (or name of company if self-employed) and reasons for any non-employment. State also job title(s) and key responsibilities.

Dates (Start with present/most recent employer)	Name & Address of Employer	Job Title	Main duties and responsibilities																					
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10. REFERENCES

Please provide details of a referee from your current employer (or previous, if not currently employed). If you have no employment history, a personal reference from someone (not a family member) who has known you for the last 3 years will be sought. A reference will be sought as part of the pre-employment checks. Please include current address for all referees.

Dates (Start with present most recent referee)			Name, Address, Email & Telephone of Referee	Job Title of Referee	Reference Type (Current/Most Recent /Previous employer/ Character Reference)
<input type="text"/>	Month	Year			
From:					
<input type="text"/>	<input type="text"/>	<input type="text"/>			
To:					
<input type="text"/>	<input type="text"/>	<input type="text"/>			
			Email:		
			Tel:		

11. JOB CRITERIA

Essential Criterion [Professional / Technical Qualifications, Experience / Job Knowledge, Personal Qualities / Skills]

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Desirable Criterion 1 [Professional / Technical Qualifications, Experience / Job Knowledge, Personal Qualities / Skills]

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12. DECLARATION

- I declare that the information I detailed in this application form are true, complete and accurate to the best of my knowledge and belief.

Applicants submitting forms electronically must type their name and the date below, and email to: diana.armstronguup@gmail.com

Sign/Print Name _____ Date _____

Please send hard copy applications to:

Diana Armstrong MLA, 1 Regal Pass, Enniskillen, BT74 7NT