Dear Applicant

Re: Post of Childcare Assistant

Hours of work negotiable

Thank you for your application request. Please find enclosed the following documents for your completion.

Application Form – to be returned no later than 31/3/25

Yours faithfully

Siobhan Connolly

[sconnolly@holytrinitybelfast.org](mailto:sconnolly@holytrinitybelfast.org)

Job Description

Childcare Assistant

**Purpose of Post**

To promote greater understanding of the impact of poverty and lack of opportunity on the lives of families living within the Upper Springfield area and to promote policies, programmes and services to improve the position of such disadvantaged children.

**Responsible to** Daycare Manager

**Hours of Work negotiable**

Monday to Friday,

**Pay**

£ 12.48 per hour

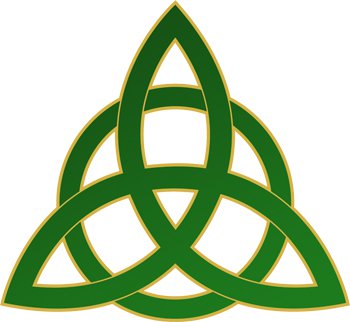
**Main Duties**

* As part of a childcare team produce a play programme that provides a stimulating environment for all the children, considering the child’s individual needs and abilities.
* Maintain and contribute to a child-oriented environment.
* Support Management in implementing the Holy Trinity Centre Childcare programme and policies.
* Care for the physical needs of the children using the childcare facility, including seeing to the children’s toilet needs.
* Establish and maintain a working relationship with the parents of the children using the childcare facility.
* Set out and clear the play activities.
* Adhere to the Child Protection policy and bring any issues of concern to the Deputy Services Manager.
* Support the children’s social and emotional development.
* Always maintain and ensure the overall safety of the children and the childcare facility.
* Ensure high levels of Hygiene in practiced in the playrooms and toilets.
* Report and record any accidents or incidents to Management.
* Take part in all team and staff meetings.
* Undertake all necessary training.
* Any other duties deemed reasonable.
* All childcare staff will work on a rotational rota in all the rooms.
* Fully Flexible with contract hours
* Attend team meetings that may occur outside the 8 am 5 30 pm service.

**Person Specification:**

|  |  |
| --- | --- |
| **Qualifications**  Desirable   * Designated safeguarding Training * Health & Safety certificate * First Aid certificate * Completion of other relevant courses * Level 3 NVQ * Level 5 Childcare – Salary for a Level 5 Applicant will be implemented. |  |

**EMPLOYMENT APPLICATION FORM**

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**HOLY TRINITY CENTRE**

* **Please type or write clearly and legibly**
* **All information will be treated in confidence and will be used to assess your suitability for the job**
* **The short-listing process will be based solely on an assessment of the strength and quality of the evidence provided in the candidate’s application form. It is essential therefore, that applicants provide sufficient detail to demonstrate how and to what extent they meet the requirements.**
* **Please complete all sections of the application using black ink or typescript.**

**The Vacancy:**

Job Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**EMPLOYMENT RECORD (Please list chronologically, starting with current or last employer) please include gaps.**

|  |
| --- |
| **Name of Employer**:  Address of Employer:  From:  To:  Job Title:  Reason for Leaving:  **Name of Employer**:  Address of Employer:  From:  To:  Job Title:  Reason for Leaving:  **Name of Employer**:  Address of Employer:  From:  To:  Job Title:  Reason for Leaving: |

**Desirable CRITERIA**

**PLEASE GIVE ROBUST EXAMPLES to illustrate these, providing us with actual evidence, being as specific as possible.**

**Personal qualities**

**Qualifications**

**DISABILITY DISCRIMIATION ACT 1995**

|  |
| --- |
| **SPECIAL REQUIREMENTS**  Please inform us about any special arrangements or adjustments that you may need us to put in place for you if we invite you to interview. This will help us to help you.  \_\_\_\_\_Not applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**REFEREES:**

Please give the details of two work related referees, including one from your current or most recent employer. Referees will not be contacted without your prior approval.

|  |  |
| --- | --- |
| Name | Name: |
| Position: | Position: |
| Company: | Company: |
| Address:  Telephone:  Email: | Address:  Telephone  Email: |
| Nature of Relationship: | Nature of Relationship: |

**VERIFICATION OF INFORMATION**

|  |
| --- |
| I certify that all information which I have provided is correct. I understand that I risk having a job offer revoked or my employment terminated if it is later discovered that I deliberately gave false information here with the intent of deceiving you.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please complete the criminal declaration form and send by post in a sealed envelope to:**

**Siobhan Connolly**

**Holy Trinity Centre**

**26 Norglen Gardens, Belfast**

**BT11 8EL**

Alternatively, you can e-mail [sconnolly@holytrinitybelfast.org](mailto:sconnolly@holytrinitybelfast.org)

|  |  |  |
| --- | --- | --- |
| **CRIMINAL DECLARATION**  The post for which you are applying is a **Regulated Activity Position** as defined by the **Safeguarding Vulnerable Groups (NI) Order 2007** and also **falls within the definition of an ‘excepted’ position** as provided by the **Rehabilitation of Offenders (Exceptions) Order (NI) 1979**. If you are short-listed for interview you will therefore be asked to provide details of **ALL** convictions including **SPENT** convictions which **MUST** be disclosed and will be subject to verification. Having a conviction will not necessarily debar your application from being considered.  Do you have the right to work in the UK? Yes  *Note: the organisation will require proof of this right before an offer of employment can be confirmed – e.g., Birth Certificate and/or any other appropriate document required to confirm your right to work in the UK as required by the Asylum and Immigration Act 1996* | Yes / | No |
| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |

***Thank you for taking the time to complete this application***

**EQUAL OPPORTUNITIES MONITORING FORM**

This information will be separated from your application form upon receipt. It is not part of your application and will not be used in any part of the selection process. Holy Trinity Centre strives to be an equal opportunities employer and has a clear policy in terms of challenging discriminatory practices. In order to have accurate information about our performance we would be grateful if you would complete this monitoring form and return it with your application form. The information will be stored anonymously and confidentially.

|  |
| --- |
|  |

**Post applied for:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **Ethnicity (**please use x to mark your answer) | | | | |
|  | Asian or Asian British | |  | Mixed | |
|  | Bangladeshi |  | White and Black Caribbean |  |
|  | Indian |  | White and Black African |  |
|  | Pakistani |  | White and Asian |  |
|  | Any other Asian background  (please specify) |  | Any other mixed background  (please specify) |  |
|  |  |  |  |  |
|  | Black or Black British | | White | |
|  | African |  | British |  |
|  | Caribbean |  | Irish |  |
|  | Any other black background  (please specify) |  | Any other white background (please specify) |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Chinese | | Other ethnic group | |
|  | Chinese |  | Other ethnic group  (please specify) |  |
|  | If you would like to further describe your ethnicity, please do so here: | | | | |
|  |  | | | | |
|  | If you would prefer not to give your ethnicity, please put x in the box | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2** | **Age** | | | | |
|  | 16 - 24 years |  |  | 49 - 56 years |  |
|  | 25 - 33 years |  | 57 - 65 years |  |
|  | 34 - 40 years |  | 66 - 70 years |  |
|  | 41 - 48 years |  | Over 70 years |  |
|  | If you would prefer not to say, please put x in the box | | | |  |
| **3** | **Religion and belief** | | | | |
|  | Christian |  |  | Buddhist |  |
|  | Hindu |  | Jewish |  |
|  | Muslim |  | Sikh |  |
|  | No religion |  |  | Other |  |
|  | If you would prefer not to say, please put x in the box | | | |  |
| **4** | **Gender** – how would you describe your gender? | | | | |
|  | Male |  |  | Female |  |
|  | If you would prefer to use your own term, please provide it here | | | | |
|  | If you would prefer not to say, please put x in the box | | | |  |
| **5** | **Gender identity** - is your gender identity the same as the gender you were assigned at birth? | | | | |
|  | Yes |  |  | No |  |
|  | If you would prefer not to say, please put x in the box | | | |  |
| **6** | **Sexual orientation** | | | | |
|  | Heterosexual |  |  | Gay man |  |
|  | Gay woman/lesbian |  |  | Bisexual |  |
|  | If you would prefer not to say, please put x in the box | | | |  |
| **7** | **Do you consider yourself to be a person with a disability?** Under the Equality Act 2010 a person is classified as disabled if they have a physical or mental impairment which has a substantial and long-term effect on their ability to carry out normal day to day activities. | | | | |
|  | Yes |  |  | No |  |
|  | If you would prefer not to say, please put x in the box | | | |  |
| **8** | **Are you a carer?** A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. | | | | |
|  | Yes |  |  | No |  |
|  | If you would prefer not to say, please put x in the box | | | |  |

Please tell us how you heard about this post : Community NI

Please send your completed application form to:

Siobhan Connolly

Holy Trinity Centre

26 Norglen Gardens, Belfast

BT11 8EL

Alternatively, you can e-mail your application form to:

Email: [sconnolly@holytrinitybelfast.org](mailto:sconnolly@holytrinitybelfast.org)

Please note

* Monitoring forms should be fully completed
* Late applications will not be considered
* Applications that are not fully completed will not be considered
* CVs will not be considered