

# Integrated College Dungannon Ltd

21 Gortmerron Link Road, Dungannon, BT71 6LS Tel: (028) 8772 4401

## APPLICATION FORM: Non-Teaching Posts

Post: <b>Cook</b>
Closing date: <b>12.00 noon on Friday 29<sup>th</sup> June 2018</b>

Please note a Curriculum Vitae should not be submitted. Any alterations to this form will invalidate your application. 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 may result in the application being rejected. Faxed, e-mailed or late applications will not be accepted. To facilitate photocopying, all sections must be completed in black pen or typescript.

<b>1 PERSONAL DETAILS</b>	
Surname:	Forename(s):
Mr / Mrs / Ms / Miss (Delete as appropriate) Other:	
Address: ..... ..... .....	
Postcode: .....	
Telephone No (home):	(daytime):
National Insurance No: _ _ / _ _ / _ _ / _ _ / _ _	
Are you an EU citizen? YES / NO	

<b>2 QUALIFICATIONS</b> (Original documentary evidence will be required from the successful candidate)					
Include below courses successfully completed and/or currently being undertaken					
Subject obtained/ to be taken <i>Examples:</i> <i>Maths</i> <i>Word Processing (Parts 1&amp;2)</i> <i>Business Studies: Marketing</i>	Level of qualification <i>GCSE</i> <i>Stage 2</i> <i>Degree</i>	Examining Body/ University <i>NICCEA</i> <i>RSA/OCR</i> <i>Queen's University Belfast</i>	Grade <i>C</i> <i>Pass</i> <i>To be awarded</i>	Month/year obtained <i>June 1993</i> <i>January 2000</i>	Month/year expected <i>June 2010</i>





**5 CHILD PROTECTION**

Is there any reason as to why you would not be suitable to work with children/young people in an educational setting? YES / NO  
If YES, please provide details:

**6 REFERENCES**

Please give the names and addresses of two referees, at least one of whom should be able to comment on your suitability to work with children/young people in an educational setting and your professional ability. Prior consent of referees must be obtained. References must not be submitted with this form. You should note that, while it is not essential to nominate your present employer as a referee at this time, in the event of you being offered a post the Board of Governors will seek references from your present/most recent employer. By signing Section 8 of this form you will be indicating agreement to this reference being sought.

**Referee 1**

Name:.....  
Company:.....  
Position held:.....  
Address:.....  
.....  
.....  
Telephone:.....  
Capacity in which you know this person:  
.....

**Referee 2**

Name:.....  
Company:.....  
Position held:.....  
Address:.....  
.....  
.....  
Telephone:.....  
Capacity in which you know this person:  
.....

**Any person involved in the recruitment process for the post for which you are applying cannot act as a referee.**

**7 DISABILITY**

In accordance with the Disability Discrimination Act 1995, 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".

If you consider yourself to have, or have had, a disability that is relevant to the position for which you are applying, please provide any relevant information about your disability and any requirements that you may need so that we can process your application fairly and make any reasonable arrangements to enable you to attend for interview.

.....  
.....  
.....

**Integrated College Dungannon, as part of its Equal Opportunities Policy, welcomes applications from people with disabilities.**

**8 DECLARATION**

I hereby certify and declare that:

1. I have not canvassed in any way and that the information contained in this form is true and accurate.
2. I understand that this post is exempt from the provision of the Rehabilitation of Offenders (Exceptions Amendment) Order (Northern Ireland) 1987. 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.
3. I understand that the information on this form is required for the purpose of processing my application. The information is covered by the provisions of the Data Protection Act 1998. My signature on the form is deemed to be an authorisation by me to allow the College to process and retain the information for the purpose(s) stated, including approaching my current/most recent employer for a reference in the event of my being recommended for appointment.
4. I understand that if I provide false or misleading information I may have any offer of employment withdrawn or, if employed, will be dismissed from the service.

Signature: ..... Date: .....

**NOTE RE COMPLETION OF SECTION 9 'RESPONSE TO PERSONNEL SPECIFICATION' (attached sheet/s)**

In order to complete your application for this post, you must outline in Section 9 of this form how and to what extent you meet the essential and, as applicable, desirable criteria set out in the Personnel Specification.

You must provide sufficient information on the application form to enable the Selection Panel to assess your eligibility. Failure to do so will result in your application being rejected.

**Please complete and return this form and the Equal Opportunities Monitoring Questionnaire to the address below no later than 12.00 noon on the closing date.**

**The College Administrator  
Integrated College Dungannon  
21 Gortmerron Link Road  
Dungannon  
Co Tyrone  
BT71 6LS**

***Integrated College Dungannon is an Equal Opportunity Employer promoting equality and fairness in employment***

***For office use only:***

***Photographic ID checked*** \_\_\_\_\_  
***Qualifications verified*** \_\_\_\_\_  
***Access NI check satisfactory*** \_\_\_\_\_  
***Health satisfactory*** \_\_\_\_\_

## 9 RESPONSE TO PERSONNEL SPECIFICATION

You must complete this section of the application form, giving examples of your experience and attainments which demonstrate how and to what extent you meet the essential and, as applicable, desirable criteria set out on the Personnel Specification. Your examples can be drawn from every aspect of your experience – education, work, social activities, etc but they must be factual examples of things you have actually done.

You must ensure you provide sufficient information on the application form to enable the Selection Panel to assess your eligibility.

### Essential Criteria

1.1 Please describe how you meet the following criteria:

- *Level 2 award in Food Safety in Catering (Chartered Institute of Environmental Health) or equivalent or appropriate refresher training; AND*
  - *Level 2 Diploma (City & Guilds) in Professional Cookery or equivalent.*
- OR (if not qualified)*
- *Minimum of 2 years of traditional cooking methods experience in a school meals or similar large scale catering outlet.*

1.2 Please describe how you meet the following criterion:

*Knowledge of relevant legislation with regard to hygiene and health & safety procedures in a catering environment.*

1.3 Please describe how you meet the following criteria with relevant examples:

*Clean and tidy appearance; ability to communicate effectively with customers; ability to work under pressure and meet deadlines; and ability to understand and to follow instructions in the language of English.*

#### **Desirable Criteria**

2.1 Please state how you meet the following criterion:

*Level 3 award in Supervising Food Safety in Catering (Chartered Institute of Environmental Health) or equivalent.*

2.2 Please state how you meet the following criterion:

*Level 3 NVQ Diploma (City & Guilds) in Professional Cookery or equivalent.*

2.3 Please state how you meet the following criterion with relevant examples:  
*Level 1 Award in Nutrition (Chartered Institute of Environmental Health) or equivalent*

2.4 Please state how you meet the following criterion with relevant examples:  
*Experience in baking.*

2.5 Please state how you meet the following criteria with relevant examples:  
*Experience in storekeeping, budget control, staff supervision, cash handling.*

2.6 Please state how you meet the following criteria with relevant examples:  
*Knowledge of nutrition and providing food to meet special dietary requirements.*



## **SUMMARY OF EQUAL OPPORTUNITIES POLICY**

The purpose of this policy statement is to emphasise the commitment of Integrated College Dungannon and the Board of Governors to securing fair and equal opportunities for all members of teaching and non-teaching staff at the College.

It is the policy of the College that all suitably qualified persons will have equal opportunity for employment and advancement on the basis of merit, irrespective of perceived religious belief, political opinion, gender, age, marital status, disability, race, colour, creed or sexual orientation. Selection for employment and advancement will be on the basis of ability, qualifications and aptitude to carry out the duties of the post.

There will be no unlawful discrimination direct or indirect, against any person in recruitment, training, promotion or in any other way.

All Governors and staff should be aware of the forms which unlawful discrimination can take, guard against them and avoid any action which might influence others to discriminate unlawfully.

The College and the Board of Governors are committed to providing a good and harmonious working environment in which no form of intimidation or harassment will be tolerated and where no worker feels under threat or intimidation because of his or her religious belief or political opinion.

**EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE**

**DO NOT SEPARATE THIS FORM FROM THE APPLICATION FORM**

1. **DATE OF BIRTH:**      \_\_\_ / \_\_\_ / \_\_\_\_\_ (DD/MM/YYYY)

2. **GENDER**            Male                       Female

**3. COMMUNITY BACKGROUND**

I am a member of the Protestant community

I am a member of the Roman Catholic community

I am a member of neither the Protestant nor the Roman Catholic community

**4. DISABILITY**

**Please indicate which type of impairment(s) apply to you; otherwise tick this box for NONE**

Physical impairment, such as difficulty in using arms, or mobility requiring a wheelchair or crutches

Sensory impairment, such as blind/visual impairment or deaf/hearing impairment

Mental health condition, such as depression or schizophrenia

Learning disability, such as Down's syndrome, dyslexia or cognitive impairment such as Autism

Long-standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy

Other .....

***For office use only***

**Post:** \_\_\_\_\_

**Date received:** \_\_\_\_\_ **Applicant Ref:** \_\_\_\_\_

**DO NOT SEPARATE THIS FORM FROM THE APPLICATION FORM**