

**REF: IDP/0619/**

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title:** | **Instructor Development Programme** |  | All application forms should be emailed to [Humanresources@sportni.net](mailto:Humanresources@sportni.net) or a signed hard copy returned to:    The Monitoring Officer  Sport Northern Ireland  House of Sport  2a Upper Malone Road  BELFAST  BT9 5LA |
| **Grade:** | **N/A** |  |
| **Salary:**  **Hours :** | **£123.15 per week**  **37HPW** |  |
| **Closing Date:** | **12noon Monday 3rd June 2019** |  |

**Please ensure you read the ‘Information for Applicants’ booklet before filling out this application form.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1 - PERSONAL DETAILS** | | | | | | |
| **Surname** | |  | **Forename** | | |  |
| **Title** |  | | **Email Address** | | |  |
| **Home**  **address**  **Postcode** |  | | **Telephone Numbers**  **Home**  **Work**  **Mobile** | | |  |
|  | |
|  | |  |
|  | |  |
| **NI Number** |  | | **How did you hear about this vacancy?** | | |  |
| **SECTION 2 – REFERENCES** | | | | | | |
| Please state the names of three employment related referees, ***including your current employer.*** | | | | | | |
| **Reference 1** | | | | | | |
| **Name** |  | | | **Address**  **Telephone No.** |  | |
| **Position** |  | | |
| **Reference 2** | | | | | | |
| **Name** |  | | | **Address**  **Telephone No.** |  | |
| **Position** |  | | |
| **Reference 3** | | | | | | |
| **Name** |  | | | **Address**  **Telephone No.** |  | |
| **Position** |  | | |
| May SNI contact your present employer? | | | | | | |

**REF: IDP/0619/**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 3 - QUALIFICATIONS** | | | | | | | | | | |
| Give details of your qualifications, i.e. GCSE, A-Levels, GNVQ’s, Degree (please ensure you include the result/grade) | | | | | | | | | | |
| **Type of Qualifications e.g. GCSE, NVQ, A-Level, degree** | | **Subjects** | | | | **Date Achieved** | | | | **Result / Grade** |
|  | |  | | | |  | | | |  |
| Membership of Professional Associations:  (including dates of membership) | | |  | | | | | | | |
| **SECTION 4 - EMPLOYMENT HISTORY** | | | | | | | | | | |
| **Current / Most Recent Employment** | | | | | **Name & Address of Employer** | | |  | | |
| **Date Appointed** |  | | | |  | | |
| **Date Left** *if applicable* |  | | | |  | | |
| **Notice Period** |  | | | | **Job Title** | | |  | | |
| **Main duties and areas of responsibility** | | | | | | | | | | |
| **Salary (per annum)**  (evidence of salary will be requestedbefore any offer of employment is made) | | | |  | | | **Reason for Leaving** | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please detail the last ten years of your employment history starting with the most recent.** | | | | |
| **Dates of employment**  **(From & To)** | **Name and Address of Employer** | **Position held & Main Duties** | **Leaving Salary** | **Reason for Leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **SECTION 5 - SIFTING INFORMATION** |
| The following sections ask you to outline your qualifications and experience in relation to the essential and desirable criteria specified in the Personnel Specification. **It is not acceptable to simply restate the criteria. E.g. “I have experience in using Microsoft Office”. Applicants must clearly demonstrate experience giving examples**. |
| **ESSENTIAL CRITERIA** |
| Please provide information of how your experience to date meets the minimum requirement of: \*Demonstrable experience of dealing with the public. |
|  |

**Please do not alter the format of this form**

|  |
| --- |
| ESSENTIAL CRITERIA |
| Please provide information using examples to demonstrate how your experience to date meets the criteria of: \*Demonstrable customer service experience. |
|  |

**Please do not alter the format of this form**

|  |
| --- |
| ESSENTIAL CRITERIA |
| Please provide information using examples to demonstrate how your experience to date meets the criteria of: \*Currently active as a participant in at least one of the following adventure sports:   * Hillwalking * Canoeing or kayaking * Rockclimbing * Mountain Biking * Orienteering |
|  |

|  |  |  |
| --- | --- | --- |
| **Please tick the appropriate box** | **YES** | **NO** |
| \*Must be available to work irregular and unsociable hours including overnight stays, weekends and on occasions for extended periods |  |  |
| \*Must be able to live on site during the working week |  |  |

**Please do not alter the format of this form**

|  |
| --- |
| DESIRABLE CRITERIA |
| Please provide information using examples to demonstrate how you meet the criteria of: \*\*Full D1 Driving Licence. |
|  |
| Please provide information using examples to demonstrate how you meet the criteria of: \*\*Competent in the use of publishing/design software and content management systems such as: In Design, Adobe or Word Press. |
|  |

**Please do not alter the format of this form**

|  |
| --- |
| DESIRABLE CRITERIA |
| Please provide information using examples to demonstrate how your experience to date meets the criteria of: \*\*Completed skills and / or leadership training in one or more of the following areas:   * Hillwalking * Canoeing or kayaking * Rockclimbing * Mountain Biking * Orienteering |
|  |

**Please do not alter the format of this form**

|  |
| --- |
| DESIRABLE CRITERIA |
| Please provide information using examples to demonstrate how your experience to date meets the criteria of: \*\*Demonstrable experience of working or assisting on adventure activity courses or programmes or similar. |
|  |

**Please do not alter the format of this form**

|  |
| --- |
| DESIRABLE CRITERIA |
| Please provide information using examples to demonstrate how your experience to date meets the criteria of: \*\*Demonstrable experience of dealing with cash and using a till. |
|  |

**Please do not alter the format of this form**

|  |
| --- |
| **SECTION 6 - DECLARATION AND SIGNATURE** |
| The statements given by me on this application are to the best of my knowledge and belief true. I understand that deliberate falsification of factual information may prejudice my application or lead to an offer of appointment being withdrawn.  Please tick that the information provided is correct if submitting Via Email.  **Signature:**       **Date:** |
| All application forms should be emailed to [Humanresources@sportni.net](mailto:Humanresources@sportni.net) or a signed hard copy returned to:    The Monitoring Officer  Sport Northern Ireland  House of Sport  2a Upper Malone Road  BELFAST  BT9 5LA |
| **SECTION 7 - EQUAL OPPORTUNITIES MONITORING** |
| **FAIR EMPLOYMENT (NI) ACT 1989 AND FAIR EMPLOYMENT**  **(MONITORING) REGULATIONS 1989**  Sport Northern Ireland is committed to promoting equality and diversity. It is our policy to provide employment equality to all, irrespective of gender, including gender reassignment, martial or civil partnership status, having or not having dependants, religious belief or political opinion, race, disability, sexual orientation and age.  We are opposed to all form of unlawful and unfair discrimination. All job applicants, employees and others who work for us will be treated fairly and will not be discriminated against on any of the above grounds. Decisions about recruitment and selection, promotion, training or any other benefit will be made objectively. As an equal opportunities employer we want to ensure that all of our applicants and employees enjoy equality of opportunity. We also want to encourage the best people to apply for vacancies in our company regardless of their background.  The information provided on the monitoring questionnaire will only be made available to the monitoring officer. If you provide us with information in respect of a disability we will use this information to ensure that we meet our legal obligation to make reasonable adjustments. If we make equal opportunities information public, this will be done in a way that ensures anonymity.  To ensure confidentiality, the questionnaire will be given an identifying number and only the monitoring officer will be able to match this number with your name. Your name should not be written on the questionnaire. The monitoring information collected will be used to measure the effectiveness of our equal opportunities policy, determine the extent to which we promote equality of opportunity and fair participation and will assist us to develop and review positive/affirmative action policies.  Sport Northern Ireland is committed to updating relevant monitoring data every three years. This is because we recognise that individuals may for example, acquire disabilities, change their marital status etc. If the monitoring information you provide us with changes please let us know.  If you have any queries about this form please contact  Human Resources Manager  Sport Northern Ireland  House of Sport  2a Upper Malone Road  BELFAST  BT9 5LA  Telephone (028) 9038 1222 |

**SPORT NORTHERN IRELAND**

**EQUAL OPPORTUNITIES MONITORING FORM**

**CONFIDENTIAL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Monitoring Reference Number: IDP/0619/** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We wish to assure applicants and employees that the monitoring data they provide will be used to promote equality of opportunity for all applicants and employees regardless of their background. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ethnic Group:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate which Ethnic Group you belong to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bangladeshi | | | |  | |  | | | | | | | | Indian | | | | | | | | | |  | | | | | | |  | |
|  | | | |  | |  | | | | | | | |  | | | | | | | | | |  | | | | | | |  | |
| Black African | | | |  | |  | | | | | | | | Irish Traveller | | | | | | | | | |  | | | | | | |  | |
|  | | | |  | |  | | | | | | | |  | | | | | | | | | |  | | | | | | |  | |
| Black Caribbean | | | |  | |  | | | | | | | | Pakistani | | | | | | | | | |  | | | | | | |  | |
|  | | | |  | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
| Black Other | | | |  | |  | | | | | | | | White | | | | | | | | | |  | | | | | | |  | |
|  | | | |  | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
| Chinese | | | |  | | Any other ethnic group: | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
|  | | | |  | |  | | | | | | | | |  | | | | | | | | | | | | | |  | | | |
| My Nationality is: | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In asking this question, we want to assure applicants that the information provided will only be used to promote equality of opportunity for applicants and employees in the basis of their Nationality. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sexual Orientation:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My sexual orientation is towards someone: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of the same sex | | | | |  | | | A different sex | | | | | | | | | |  | | | | |  | | | | | | | | | |
|  | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Both | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you in a civil partnership? | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | |
| **Disability:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities. Please note that it is the effect of the impairment, without treatment, which determines if an individual meets this definition of disability. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you consider that you meet this definition of disability? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | |  |  | | | | | No | | | |  | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please state the type of disability: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mental Health Disability | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Learning Disability | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical Disability | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there reasonable adjustments that we could make as part of our recruitment process that would enable you to enjoy equality of opportunity in getting a job/working with us? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Marital Status / Family Status:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you married? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | |  |  | | | | | No | | | |  | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Those With and Without Dependants:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Children | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If YES, are they at school | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other relations, for whom you have  significant caring responsibilities | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Other caring responsibilities | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Please specify: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No caring responsibilities | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Community Background:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Regardless of whether we practice religion most of us in Northern Ireland are seen as either Catholic or Protestant. Please indicate the community to which you belong by ticking the appropriate box below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Roman Catholic community | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |
| Please indicate your sex by ticking the appropriate box | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male | |  |  | | | | | | Female | | | | | | | | | | |  | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Age:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide your date of birth or tick the Age band to which you belong: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOB: |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Age Band:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Under 18** | | |  | | |  | | | | | | **41 - 50** | | | | | | | | |  | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **18 - 30** | | |  | | |  | | | | | | **51 - 60** | | | | | | | | |  | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **31 – 40** | | |  | | |  | | | | | | | **61 and over** | | | | | | | |  | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**The Rehabilitation of Offenders (Exceptions) Order (NI) 1979**

**(amended by 1987, 2001 and 2003 and 2009 Orders)**

Some jobs are considered so sensitive or risky that all criminal offences must be declared regardless. A range of occupations are exempted from the legislation for these posts, applicants **MUST** disclose information on both ‘spent’ **AND** ‘unspent’ convictions. The list of posts is extensive and can be summarised as follows:

* WORK THAT INVOLVES CONTACT WITH CHILDREN OR YOUNG PROPLE OR VULNERABLE ADULT GROUPS – e.g. provision of health care or social services, work with children such as youth work, education, leisure centres, or with adults with learning disabilities, mental illness, the elderly.
* PROFESSIONS THAT ARE REGULATED BY LAW – e.g. medical practitioner, nurse, chemist, optician, accountant, manager of an insurance company.
* POSTS INVOLVING NATIONAL SECURITY e.g. security personnel or senior civil service posts.
* POSTS CONCERNED WITH ADMINISTRATION OF JUSTICE e.g. Police officers, solicitors, probation officers, traffic wardens, judges, prison officers.

**The Rehabilitation of Offenders (NI) Order 1978**

Other jobs such as retail, general operatives, administration etc. which do not have access to the vulnerable or their personal details may allow sentences to become ‘spent’ after fixed periods from the date of conviction.

***If a conviction is ‘spent’ you do not have to mention it, even when asked, unless applying for a post which is ‘expected’ under this legislation (see above).***

|  |  |  |
| --- | --- | --- |
| **Sentence** | **Aged 18 or over at conviction** | **Under 18 years at conviction** |
| Absolute Discharge | 6 months | |
| Probation, Order, Bind Over, Conditional Discharge, Care/Supervision Order | Date Order ceases OR 1 year – whichever longer | |
| Attendance Centre Order  Juvenile Justice Centre Order Youth Conference Order, Reparation Order, Community Responsibility Order | 1 year after Order expires | |
| Hospital Order | 5 years or 2 years after Order expires – whichever longer | |
| Fine or Community Service Order, Combination Orders | 5 years | 2 ½ years |
| Prison – (immediate or suspended) OR Young Offenders Centres – sentence of 6 months or less | 7 years | 3 ½ years |
| Prison – (immediate or suspended) OR Young Offenders Centre over 6 months up to and included 2 ½ years | 10 years | 5 years |
| A period of detention of less than 6 months under Article 45 of the CJ (Children) (NI) Order 1998 | N/A | 3 years |
| A period of detention over 6 months but less than 30 months under Article 45 of the CJ (Children) (NI) Order 1998. | N/A | 5 years |
| **NB: CUSTODIAL SENTENCE OF MORE THAN TWO AND A HALF YEARS CAN NEVER BECOME SPENT** | | |

* Consecutive prison sentences count as a single term when calculating the rehabilitation period.
* If more than one sentence was imposed for an offence, the longer rehabilitation period applies.
* If a person receives a new conviction during rehabilitation period:
  + For a summary offence (i.e. can only be tried at Magistrates Court) both rehabilitation periods expire separately;
  + For a more serious offence (i.e. which **could** be tried at the Crown Court) **neither** conviction will become spent until longest period expires.
* Cautions, reprimands and final warnings are not considered to be convictions and become ‘spent’ immediately unless relevant to ‘excepted’ posts.
* A spent conviction will remain on your criminal record.
* It is an offence for anyone to give information about spent convictions from official records except on the course of official duties.

**For confidential advice or information please contact NIACRO’s Employment Advice Line on:**

**028 9032 0157.**

**DISCLOSURE OF CRIMINAL CONVICTIONS – Excepted**

APPLICANT:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POST: **IDP/0619/**

**Please read this information carefully**

**Statement of non-discrimination**

‘Sport Northern Ireland is committed to equality of opportunity for all applicants including those with criminal convictions. Information about criminal convictions is requested to assist the selection process and will be taken into account only when the conviction is considered relevant to the role’. Any disclosure will be seen in the context of the job description, the nature of the offence and the responsibility for the care of existing clients/volunteers and employees.

**Question**

You have applied for a post which falls within the definition of **‘Excepted’** employment as provided by the Rehabilitation of Offenders **(Exceptions)** Order (NI) 1979: there **ALL** convictions including **SPENT** convictions **MUST** be disclosed. Having a conviction will not necessarily debar your application form being considered. This information will be verified through an appropriate **Access NI Check** which will provide any criminal history information an applicant may have. If you have received a formal caution or are currently facing prosecution for a criminal offence you should bring this to our attention given the ‘excepted’ nature of the role.

**Advice to Applicants**

Please complete this disclosure form as accurately as possible and return to the Monitoring Officer with your application form. The information provided will not be discussed at the shortlisting or interview itself and a separate arrangement will be made with you if clarification is required to discuss any issues around your disclosure before a final decision is reached.

If you have no convictions, please state NONE.

|  |
| --- |
| DATE OF CONVICTION OFFENCE SENTENCE |
|  |

Please provide any other information you feel may be of relevance such as:

* The circumstances of the offence
* A comment on the sentence received
* Any relevant development in your situation since then
* Whether or not your feel the conviction has relevance to this post.

|  |
| --- |
|  |

Please continue on a separate sheet if necessary

I declare that any answers are complete and correct to the best of my knowledge. I understand that Sport Northern Ireland will carry out an AccessNI check before acceptance of the above post and consent to the check being made, and for this information to be shared as part of Sport Northern Ireland’s risk assessment process.

Signed:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_\_