Middletown Centre for Autism 35 Church Street Middletown Northern Ireland BT60 4HZ Tel: +44 (0) 28 3751 5750 <u>h.r@middletownautism.com</u>



SERVICE PROVIDER - APPLICATION FORM

Job Reference:	SP202009/		
Job Title:	Occupational Therapist/ Sp (please delete)	beech & Language Therap	ist/ Behaviour Therapist
Location:	ROI	Closing Date:	12PM (NOON) 30/09/2020

Personal Details	
Title:	
Forename(s):	
Preferred Name to be addressed by:	
Surname:	
Address:	
Postcode:	
Home Tel No:	
Mobile No:	
Works No:	
May we contact you at work?	
Email address:	
NI/ PPS No:	
Please provide details of any special	
arrangements in relation to either	
communications or access that you	
may require if invited for interview:	
Do you hold a full current driving	
license valid in the UK (Yes/ No:)	
If required, do you have access to a	
form of transport to allow you to	
undertake the duties of the post in	
full?	
Are you willing to receive	
communication via email?	
Please confirm that you are eligible	
to work in the UK & Ireland:	
Please outline if there are any	
upcoming dates that you are not	
available:	

Safeguarding	
Given the nature of the organisation	
to which you are applying, under the	
Rehabilitation of Offenders	
(Exemptions) Order (N.I) 1979, no	
conviction can be regarded as spent.	
We therefore need to ask the	
following question. Do you have any	
criminal convictions?	
(Inc. ROI equivalent)	
If Yes, please provide details:	
Do you have any criminal record	
including any criminal convictions,	
cautions, reprimands, or final	
warnings by the Police/ Gardai?	
If Yes, please provide details:	
Are you aware of any police	
enquiries undertaken following	
allegations made against you which	
may have a bearing on your	
suitability for this post?	
If Yes, please provide details:	
Are you currently the subject of a	
referral or investigation by your	
professional body?	
If Yes, please provide details:	
Have you ever been referred to the	
Independent Safeguarding Authority	
as a result of misconduct involving	
children and/ or young adults?	
(Inc. ROI equivalent)	
If Yes, please provide details:	
1	

Employment History		
Please complete all sections below in f	ull, starting with your current or most recent employer.	
Date commenced employment:		
Date Left (if applicable)		
Employer Name:		
Employer Address:		
Job Title:		
Salary:		
Reason for leaving:		
Period of Notice:		
Duties and Responsibilities:		

Previous posts: All previous employment must be accounted for in your application.			
Employer Name	Position Held	Dates: From – To	Reason for Leaving

Education and Training			
Please provide details of any relevant qualifications or training you have received:			
Education			
Please list all relevant secondary education qualifications obtained:			
Qualification	Subject	Grade	Dates obtained

Further and Higher Education Please list all qualifications of degree level or educations	quivalent:		
Title of Award/Qualification/Field of Study	Grade	Dates obtained	

Training and Professiona	I Qualifications	
Please list all relevant pro	fessional and training qualificati	ons obtained:
Course Title	Title of	Dates (mm/yyyy)
	Award/Qualification/Field of	From - To
	Study	

Membership of Professional Institutions/ bodies		
Please list all relevant memberships:		
Professional Institution/ body	Dates (mm/yyyy)	
	From - To	

Eligibility Criteria

ONLY THIS SECTION OF THE FORM WILL BE USED FOR SHORTLISTING PURPOSES

Important Note for Applicants:

. For shortlisting purposes, the selection panel will only use this section of the application form.

. The shortlisting panel will only shortlist those who meet the required criteria. Candidates **MUST** demonstrate how they meet the essential and desirable criteria. Please ensure that you fully describe against each

requirement, how you meet the stated criteria, giving examples and specifying exact dates as appropriate. It is not appropriate to simply list the skills and experience you gained. Where and advertisement specifies a qualification (academic, professional, and or/ vocational) "or equivalent" the responsibility lies with the applicant to show how their qualifications meet the required standard specified.

. Each criterion is assessed individually and must therefore be completed in full i.e. candidates should not rely on information included in a previous answer for another criteria.

Essential Criteria

1. Degree qualification in any of these disciplines (or equivalent): Occupational Therapist, Speech & Language Therapist or Behavioural Analyst. (100 words)

2. Significant post-qualification experience delivering autism specific intervention therapy/strategies to children and young people with autism within an educational setting or similar environment. (100 words)

3. A proven track record in continuing your professional development (through appropriate courses of study) and attaining high level skills in your chosen professional area. (250 words)

4. Experience of working with a varied age range and/or ability range of children and young people with autism in relation to managing complex and/or challenging behaviours. (250 words)

5. Proven ability to use a range of autism specific strategies to enhance learning programmes. (250 words)

6. A current full driving licence and access to a vehicle or have access to a form of transport which will allow the post holder to fully satisfy the travel requirements of the post. (100 words)

References – Guidance Notes

Please give two referee email addresses of two persons not related to you, willing to act as a reference. The first referee should be your current/most recent employer and be in a direct supervisory/managerial capacity. The second referee, where possible, should be a previous employer.

Please note: References will only be sought as part of the pre-employment check after the final interview.

References	
Referee 1 Email:	
Referee 2 Email:	

DECLARATION

I confirm to the best of my knowledge that the information provided on this application form is true and accurate. I accept that any false or misleading statements may be sufficient cause for rejecting my application, retracting a job offer or if employed, may lead to my dismissal.

Should this application be successful, I agree to supply documents as requested i.e. referee details, proof of right to work in the UK, Passport, qualifications etc. that may be necessary to process my application for employment.

I understand that all information supplied on this application form will be kept strictly confidential and will only be used for the purpose of selection and administration.

Applicant name:

Applicant signature:

Date: