

ARTIFICIAL INSEMINATOR TECHNICIAN FULL TIME

APPLICATION FORM

- Closing date for return of completed application forms: 12 noon on Friday, 6th
 August 2021
- Candidates should be commercially or DIY trained in artificial insemination,
 preferably with a minimum of 2 years' experience

AI Services (NI) Ltd reserves the right to only interview candidates who appear from the information provided on this application form to be best suited for this post.

AI Services (NI) Ltd supports the practice of Equal Opportunity and welcomes applications from all sections of the community.

PERSONAL DETAILS

Surname		Γitle
Forename(s) (Please <u>underline</u> the name by which you are k	nown)	
Permanent address:		
Telephone & Home: Contact Numbers Mobile:		
Do you have a current clean driving licence?	YES	NO
If not, please give details		

ARE YOU TRAINED IN D.I.Y. INSEMINATION?
PLEASE STATE WHEN AND WHERE TRAINED
NAME OF COMPANY/INDIVIDUAL WHO PROVIDED TRAINING
DID YOU RECEIVE A CERTIFICATE OF COMPETENCE ON COMPLETION OF YOUR TRAINING COURSE? *
PLEASE STATE NUMBER OF YEARS EXPERIENCE IN INSEMINATING
AVERAGE NUMBER OF COWS INSEMINATED PER YEAR
ANY OTHER RELEVANT EXPERIENCE / INFORMATION

^{* (}Copy documentation will be required if you reach interview stage)

Educational achievements (Secondary Education): Examinations Passed:			
Educational achievements (Third Level Education) Details of Course and Degree / Diploma:			
Details of other examinations / qualifications:			
Hobbies & Interests:			

EMPLOYMENT HISTORY:	(Please commence	with current	employment)
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Years	Employer's Name & Addres	s Job Title	Salary	Reason for Leaving
REFER	REES			
present	provide contact details for two re / most recent employer. Referee onal offer is made			•
Referee	<u>e 1</u>	<u>F</u>	Referee 2	
Name:		Name		
Address	S:	_ Address		
 Tel:		Tel:		
<u>DECL</u>	<u>ARATION</u>			
	re that the particulars given by met of my knowledge and belief.	e, the applicant	, are true a	nd accurate to
Signed	1	Date		
Please	send to:	aanlas		

Linda Peoples AI Services (NI) Ltd, Ballycraigy, 671 Antrim Road Newtownabbey BT36 4RL

IN CONFIDENCE

EQUAL OPPORTUNITIES MONITORING

(Seal in a separate envelope marked for the attention of the Monitoring Officer and return along with your completed application form)

PLEASE NOTE THIS FORM IS REGARDED AS PART OF YOUR APPLICATION AND FAILURE TO COMPLETE AND RETURN IT WILL RESULT IN DISQUALIFICATION

POST: Artificial Insemination Technician – Full Time

It is the policy of AI Services (NI) Ltd (AIS) to ensure that all eligible persons have equal opportunity for employment and advancement in AIS on the basis of their ability, qualifications and aptitude. AI Services (NI) Ltd selects those suitable for appointment solely on the basis of merit without regard to an individual's disability, race, religion or gender. Recruitment is monitored to ensure that the equal opportunity policy of AI Services Ltd is effectively implemented.

			•
Please tick as	s appropriate:	MALE	FEMALE
COMMUN	NITY BACKGROUN	ND	
religious belief or the above Order. Employment and effectiveness of A investigations or J Ireland) Order 19	political opinion. The informat The use and confidentiality of C Treatment (Northern Ireland) IS equal opportunity policy and proceeding under the requireme	ion below is required in co Community Background in Order 1998. It will be used to comply with obligation ents of the Fair Employmen	s relating to monitoring, nt and Treatment (Northern
I have a Proto	estant community backgrour	nd	
I have a Rom	nan Catholic community bac	kground	
I have neither	r a Protestant nor a Roman (Catholic community bac	kground

RACE - The Race Relations (Northern Ireland) Order 1997 makes it unlawful to discriminate in employment on grounds of colour, race, nationality or ethnic or national origins. AI Services (NI) Ltd monitors its workforce in line with recommended good practice.

Please tick the appropriate box.

		_					
Are you:	White		Of Blac	k Africa	n origin		
	Of Black Caribbean origin		Of Bangladeshi origin				
	Of Chinese origin		Of Indian origin				
	Of Pakistani origin		Of other origin (please specify)				
Are vou a 1	member of a mixed ethnic	group?	Yes		No		
-	member of the Irish Travel		Yes		No		
The you a l	member of the mish flaver	nor Community.	1 05	Ш	110	Ш	
D	.1 16, 1 1	1.11.4 0		Г		Г	
Do you cons	sider yourself to have a dis	sability?	Yϵ	es [☐ No		
•	answered 'no', please igno	_	-		ection.		
If you have	answered 'yes', please cor	nplete the remaini	ng section	1.			
•	the disabilities or condition			_		_	_
	antial and long term adver rry out normal day-to-day	•	Ye	es L	No	L	
Please tick t	he category or categories v	which apply to you	u:				
• Hearin	ng impairment		[
• Visua	l impairment		[
• Speed	h impairment		[
• Mobil	lity impairment		[
• Physic	cal co-ordination difficulti	es	[
• Reduc	ced physical capacity		[
• Sever	e disfigurement		[
• Learn	ing difficulties		[
 Menta 	al illness/mental health dif	ficulty	Γ				