

In Confidence

For Office Use Only

AIS Ref No: STF/BDG/21/04

Date Rec'd _____



AI SERVICES
– NORTHERN IRELAND –

Ballycraigy, 671 Antrim Rd, Newtownabbey. Co. Antrim. BT36 4RL

Tel: 028 9083 3123

E-mail: lpeoples@ai-services.co.uk

Application for the post of Specialist Technical Facilitator (Business Development Groups)

**Completed applications (including postal applications)
must arrive not later than 12.00pm (UK time) on Friday 16th April 2021**

**CV's or other supplementary material will not be considered
Late applications will not be accepted and proof of postage will not be considered
should applications not be received.**



1. Personal Details

Surname _____ Title _____

Forename(s) _____
(underline the name you are known by)

Former surname(s) _____
(if any)

Address for communication _____

_____ Postcode _____

E mail address _____

Telephone No. (including Area Code) _____

Permanent address _____
(if different from above) _____
_____ Postcode _____

Telephone No. (including Area Code) _____

Do you consider that you have a disability? Yes No

Disability is defined as ‘any physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities’.

If so, do you require any arrangements to assist you if called for interview?
Yes No

If yes, please state the arrangements which will be needed for you to attend

NOTE: If you require additional space to answer any question you may continue on additional sheets, provided the maximum number of words specified is not exceeded.

2(a) Education

Please provide details of your secondary/grammar education including attendance at technical college if appropriate in the table below.

Name of School / College	Address of School / College	Dates attended
		to
		to
		to

2(b) University or other Further Education

Please provide details of how you meet the criteria of a third level qualification:

First degree (or other third level qualification)

University or college _____

Dates of attendance _____

Title of qualification _____

Class of degree, diploma _____ Date awarded / expected _____
or certificate e.g 2(i) Honours

Modules Taken _____

Post graduate qualifications

University or college _____

Dates of attendance _____

Title of qualification _____

Type of degree, diploma _____ Date awarded / expected _____
or certificate including
class and division

Modules Taken _____

Research or study _____

2(c) Professional qualifications

Title	Date

Professional Bodies:

Professional bodies of which you are a member. (please include type of membership)

3. Employment History

Detail all your employment / self-employment (and unemployment) since you finished full-time education **starting with the present / most recent.** Show the dates of employment, name of employer (or name of company if self-employed). State also job title(s) and key responsibilities.

Dates (Start with present/most recent employer)	Name & Address of Employer	Job Title	Main duties, responsibilities and management experience
Day Month Year			
From / /			
To / /			
	Phone No.		
Day Month Year			
From / /			
To / /			
	Phone No.		
Day Month Year			
From / /			
To / /			
	Phone No.		
Day Month Year			
From / /			
To / /			
	Phone No.		

- ii) Please provide evidence, with examples of your experience in organising training events and programme planning for farmers and/or farming groups. (max 500 words)

- iii) Please provide evidence, with examples of your experience in the provision of technical advice/guidance to farmers/growers. (max 500 words)

iv) Please provide evidence, with examples of your experience in analysis of benchmarking and feedback to farmers/growers. (max 500 words)

v) Please provide evidence of your experience of written and verbal presentation and communication skills, including using ICT packages such as Microsoft office, internet and e-mail.

5. Additional Information

Please provide any other additional information which you believe is relevant to your ability to meet the requirements of the post. Please specify any poultry experience which you have.

Availability for Interview

Please detail dates on which you would NOT be available for interview.
Where possible, these dates will be avoided

If appointed, how much notice would you require before taking up appointment ? _____

6. Declaration

I declare that the I have not canvassed in any way and that the particulars given by me in this application are true and accurate to the best of my knowledge and belief. I accept that providing false information or suppressing any information wilfully will make me liable for disqualification, and if appointed to dismissal. By signing this document I agree to AccessNI checks to be carried out on my person.

Signed _____ Date _____

Please send this completed application to:

Linda Peoples
Ai Services (NI) Ltd
671 Antrim Road
Newtownabbey
BT36 4RL
E-mail: lpeopless@ai-services.co.uk

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EQUAL OPPORTUNITIES MONITORING

(Return to the Monitoring Officer Ai Services in the separate sealed envelope provided)

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

POST: Specialist Technical Facilitator Ref AIS/STF/BDG/21/04

It is the policy of Ai Services (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 (NI) Ltd is effectively implemented.

Please tick as appropriate:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
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COMMUNITY BACKGROUND

The Fair Employment and Treatment (Northern Ireland) Order 1998 outlaws discrimination on the basis of religious belief or political opinion. The information below is required in connection with the requirements of the above Order. The use and confidentiality of Community Background information is protected by the Fair Employment and Treatment (Northern Ireland) Order 1998. It will be used only for monitoring the effectiveness of AIS equal opportunity policy and to comply with obligations relating to monitoring, investigations or proceeding under the requirements of the Fair Employment and Treatment (Northern Ireland) Order 1998.

Please indicate your community background by ticking the appropriate box below:

I have a Protestant community background	<input type="checkbox"/>
I have a Roman Catholic community background	<input type="checkbox"/>
I have neither a Protestant nor a Roman Catholic community background	<input type="checkbox"/>

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. AIS monitors it's workforce in line with recommended good practice.

Please tick the appropriate box.

Are you :	White	<input type="checkbox"/>	Of Black African origin	<input type="checkbox"/>
	Of Black Caribbean origin	<input type="checkbox"/>	Of Bangladeshi origin	<input type="checkbox"/>
	Of Chinese origin	<input type="checkbox"/>	Of Indian origin	<input type="checkbox"/>
	Of Pakistani origin	<input type="checkbox"/>	Of other origin (please specify)	<input type="checkbox"/>

Are you a member of a mixed ethnic group?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a member of the Irish Traveller Community?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

DISABILITY - The Disability Discrimination Act 1995 makes it unlawful for an employer to treat a disabled person less favourably than someone else because of their disability.

Do you consider yourself to have a disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you have answered 'no', please ignore the remaining questions in this section.				
If you have answered 'yes', please complete the remaining section.				
* Do any of the disabilities or conditions listed below have a substantial and long term adverse effect on your ability to carry out normal day-to-day activities?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please tick the category or categories which apply to you:				
• Hearing impairment		<input type="checkbox"/>		
• Visual impairment		<input type="checkbox"/>		
• Speech impairment		<input type="checkbox"/>		
• Mobility impairment		<input type="checkbox"/>		
• Physical co-ordination difficulties		<input type="checkbox"/>		
• Reduced physical capacity		<input type="checkbox"/>		
• Severe disfigurement		<input type="checkbox"/>		
• Learning difficulties		<input type="checkbox"/>		
• Mental illness/mental health difficulty		<input type="checkbox"/>		