



**TRAINEE EMBRYO TRANSFER TECHNICIAN  
FULL TIME**

**APPLICATION FORM**

- ✦ Closing date for return of completed application forms: 12 noon on Friday, 26<sup>th</sup> August, 2022
  
- ✦ 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 \_\_\_\_\_ Title \_\_\_\_\_

Forename(s) \_\_\_\_\_  
(Please underline the name by which you are known)

Permanent address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone & Home: \_\_\_\_\_  
Contact Numbers

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have a current clean driving licence?    YES       NO  

If not, please give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOU TRAINED IN D.I.Y. INSEMINATION?

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PLEASE STATE WHEN AND WHERE TRAINED

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NAME OF COMPANY/INDIVIDUAL WHO PROVIDED TRAINING

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DID YOU RECEIVE A CERTIFICATE OF COMPETENCE ON COMPLETION OF YOUR TRAINING COURSE? \*

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PLEASE STATE NUMBER OF YEARS EXPERIENCE IN INSEMINATING

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AVERAGE NUMBER OF COWS INSEMINATED PER YEAR

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ANY OTHER RELEVANT EXPERIENCE / INFORMATION

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\* (Copy documentation will be required if you reach interview stage)

**Educational achievements (Secondary Education):  
Examinations Passed:**

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**Educational achievements (Third Level Education) Details  
of Course and Degree / Diploma:**

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**Details of other examinations / qualifications:**

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**Hobbies & Interests:**

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**EMPLOYMENT HISTORY:** (Please commence with current employment)

<b>Years</b>	<b>Employer's Name &amp; Address</b>	<b>Job Title</b>	<b>Salary</b>	<b>Reason for Leaving</b>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**REFEREES**

Please provide contact details for two referees, one of which should be your present / most recent employer. Referees will NOT be contacted until a provisional offer is made

**Referee 1**

**Referee 2**

Name: \_\_\_\_\_ Name \_\_\_\_\_

Address: \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Tel: \_\_\_\_\_

**DECLARATION**

I declare that the particulars given by me, the applicant, are true and accurate to the best of my knowledge and belief.

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

Please send to:

**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:** Trainee Embryo Transfer 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 appropriate:	<b>MALE</b> <input type="checkbox"/>	<b>FEMALE</b> <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. AI Services (NI) Ltd monitors its 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"/>		