

Provision of Learning Support Expression of Interest 2017-2018

1. Personal Details

Name:					
Address:					
Postcode:		Tel No.:		Mobile No:	
Email Address:				Do you have a disability	Yes/No

Roles interested in: <i>(Please tick as appropriate)</i>	Please indicate the campus/es you are available to provide support in		
	Greenmount (Antrim)	Loughry (Cookstown)	Enniskillen
Dyslexia Tutor			
Autistic Spectrum Disorders Tutor			
Mental Health tutor			
Specialist Campus Assistant			
Notetaker/Reader/Scribe			
Invigilator			

2. Qualifications:

Please provide details of relevant education or training courses:

Institution attended	Qualification and subject	Grade Achieved	Date Achieved

3. Experience

Please provide details of any work experience which is relevant to the role(s) you have applied for:

Employer	Job Title	Main duties & responsibilities	Dates

4. Additional Information

Please use this space to detail any additional skills, knowledge and experience, relevant to the role(s) for which you have applied.

5. Declaration

Do you have a criminal record? <i>(Please tick as appropriate)</i>	Yes		No	
If yes, please give details				

I confirm that to the best of my knowledge the information given on this form is correct.

Signature: _____

Date: _____

The deadline for receipt of signed forms is 4pm on Thursday 24 August 2017.

Return completed forms to:

**Education Administration
CAFRE, Greenmount Campus
45 Tirgracy Road
Muckamore,
ANTRIM,
BT41 4PS**

Or e-mail to:

greenmountcampus.reception@daera-ni.gov.uk