

Law Centre (NI) application form



Please return this form to:

Chairperson
(LA/IMM 02/10)
Law Centre (NI)
124 Donegall Street
Belfast BT1 2GY

Please complete this form **legibly** and return it on or before the closing date specified in the advertisement.
Applications received after 5.00pm on the closing date will not be considered.

All information provided shall be treated as strictly confidential.

1. Position applied for: LEGAL ADVISER (IMMIGRATION) [LA/IMM 02/10]
(14 hours per week, including two days per month in Derry)

2. Personal Details

Surname:

Address:

Forenames:

Telephone Number:

3. Education - Full-Time and Part-Time

Dates From/To	Specify Schools/College University (After age 11)	Subjects Taken	Exams Passed Specify Grades

4. Training (please itemise any relevant training undertaken)

Course Title	Provider	P/T - F/T	Duration	Outcome (e.g. qualification, course complete, certificate)

5. Professional qualifications

■ **Are you a solicitor?**

YES / NO

If **yes**, have you completed your period of restricted practice?

YES / NO

If **no**, when will your period of restricted practice end?

Do you hold a current Law Society of Northern Ireland practising certificate?

YES / NO

If **no**, is there any impediment to you obtaining a practising certificate within two months of being offered this post?

YES / NO

If **yes**, give brief details: _____

■ **Are you a barrister?**

YES / NO

If **yes**, please give details of membership of professional body, including address and date of admission:

■ **Do you have an equivalent professional qualification in another jurisdiction?**

YES / NO

(Please specify jurisdiction): _____

Is there any impediment to you meeting the requirements of the Bar Council in Northern Ireland or being admitted as a solicitor in Northern Ireland within one year of being offered this post?

YES / NO

Would you be able to gain Office of Immigration Services Commissioner Level 3 accreditation within two months of being offered this post?

YES / NO

6. Employment

Please give present or most recent employer and work backwards in time. Continue on a separate sheet if necessary.

Present Employment From/To (month/year)	Name and Address of Employer	Position held (with brief description of duties and reason for leaving)
Present salary scale Position on the scale		

Previous Employment From/To (month/year)	Name and Address of Employer	Position held (with brief description of duties and reason for leaving)

Please add another sheet if appropriate

7 (c) continued

7 (d) Why are you considering a change of employment now?

7 (e) What are your immediate and long-term career objectives?

7 (f) Please set out your IT skills.

7 (g) Please detail any experience you have of delivering training or teaching.

7 (h) Please provide details of any publications or information which you have been involved in producing, specifying your role.

7 (i) Please provide details of any involvement in voluntary and community work, and any relevant special interests or hobbies.

7 (j) Please provide any additional information which you feel is relevant to this application.

7 (k) You must work at least two days per month in our Western Area Office. Please specify where you would like to be based otherwise.

Belfast Office

Western Area Office

8. Please tell us about any disabilities you may have in order for us to comply with the Disability Discrimination Act 1995. Please detail any special requirements:

The Law Centre does not discriminate on the grounds of disability.

9. Do you need permission to work in the UK? YES / NO
If YES, do you have such permission? YES / NO
[Please give details]

10. Have you ever been convicted of a criminal offence? YES / NO

[Note: You do not need to disclose any convictions which would be considered spent under the Rehabilitation of Offenders (NI) Order 1978]

If YES, please give details of offence/s:

11. Have you ever been subject to any disciplinary proceedings by your professional body in which you were found guilty?

YES / NO **If YES, please give details on separate sheet.**

12. When would you be available if offered this post?

I certify that all the information I have given is accurate. I understand that any false information may result in any job offer being withdrawn or in termination of employment.

Signed _____

Date _____

13. Referees

Names and addresses of TWO referees. One of your references should be from an employer / someone who is familiar with your work. A reference will only be sought from short-listed candidates.

Employer's Reference:

Name:

Position:

Address:

Other Reference:

Name:

Position:

Address:

If you do not want us to contact your employment referee prior to interview, indicate by placing a tick in the box



PRIVATE & CONFIDENTIAL	REF: LA/IMM 02/10	
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Employee Monitoring Questionnaire

3rd Principal Method Equality of Opportunity



Law Centre (NI)
 124 Donegall Street
 Belfast BT1 2GY
 Tel 028 9024 4401
 Fax 028 9023 6340

We are striving to become an Equal Opportunities employer. We do not discriminate on the grounds of race, disability, religious belief, political opinion, gender, marital or family status or sexual orientation. We practise equality of opportunity in employment and select the best person for the job.

To demonstrate our commitment to equality of opportunity in employment, we need to monitor the community and ethnic background of our employees as required by Equal Opportunities legislation.

Religious Background

Regardless of whether we practice our religion, most of us in Northern Ireland are seen as either Catholic or Protestant. We are therefore asking you to indicate your community and ethnic background by ticking the appropriate box below:

- I am a member of the Protestant community
- I am a member of the Roman Catholic community
- I am a member of neither the Protestant nor Roman Catholic community

Ethnic Background

Please tick the appropriate box:

- | | | |
|--|--------------------------------------|---|
| Black African <input type="checkbox"/> | Indian <input type="checkbox"/> | White European <input type="checkbox"/> |
| Black Caribbean <input type="checkbox"/> | Pakistani <input type="checkbox"/> | Chinese <input type="checkbox"/> |
| Black Other <input type="text"/> | Bangladeshi <input type="checkbox"/> | Other <input type="text"/> |

Disability

If you consider yourself disabled please tick the following box:

Gender

Finally, could you please indicate whether you are: Female Male

Note: It is a criminal offence under the legislation for a person to: "give false information in connection...with the preparation of a monitoring form".