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| HR reference | 0000002221/ |

**Belfast City Council**

Application for appointment as:

**Assistant Manager (Resources and Fleet) (PO1)**

**Temporary project post for 12 months, subject to review**

**(Applicants must be current Belfast City Council employees or agency assignees as at Tuesday 5 December 2023 and throughout the selection process)**

**City Services (Resources and Fleet) Section**

**City and Neighbourhood Services Department**

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| Name of Applicant: |  |
| Address: |  |
| The closing date for applications is **4pm on Tuesday 5 December 2023.**  Completed application forms should be emailed to [jobs@belfastcity.gov.uk](mailto:jobs@belfastcity.gov.uk) and you will receive an automatic acknowledgement reply when your application has been received. If you don’t receive an automatic acknowledgement reply within 30 minutes, please email [jobs@belfastcity.gov.uk](mailto:jobs@belfastcity.gov.uk) again to query this and, or confirm receipt of your application form (office hours are normally Mon-Thurs 8.30am-5pm, Fri 8.30am-4.30pm). You must receive an automatic acknowledgement reply **before** the closing date and time as we will not be able to accept applications that are sent but not received before the closing date and time.  **Please note we are unable to issue or receive any hard copy application forms either by post or hand delivered. All application forms must be emailed to** [**jobs@belfastcity.gov.uk**](mailto:jobs@belfastcity.gov.uk) | |

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| **If you have a disability and require any reasonable adjustments, or your first language is not English and you require any assistance with any aspect of our recruitment and selection process, please call 028 9027 0640** |
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| **Belfast City Council is an equal opportunities employer and we welcome applications from all sections of the community** |

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| **Section 1: Personal details** | | | | | | |
| Are you currently employed by or an agency assignee of Belfast City Council  **(If you only work within Belfast City Council on a casual basis please mark your answer as No [see below]**)? | | | Yes |  | No |  |
| Are you a current casual worker with Belfast City Council?  **(Please note:** casual workers are ineligible for this post.) | | | Yes |  | No |  |
| **1.** | **Your details** | | | | | |
| (a) | Title: (Mr, Mrs, Ms, Miss, Mx, Dr etc) |  | | | | |
|  |  |  | | | | |
| (b) | Forenames: |  | | | | |
|  |  |  | | | | |
| (c) | Preferred name: |  | | | | |
|  |  |  | | | | |
| (d) | Surname: |  | | | | |
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| **2.** | **Contact details** | | | | | |
| (a) | Work telephone number: |  | | | | |
|  |  |  | | | | |
| (b) | Mobile number: |  | | | | |
|  |  |  | | | | |
| (c) | Preferred contact number: |  | | | | |
|  |  |  | | | | |
| (d) | Email address: |  | | | | |
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| (e) | Address 1: |  | | | | |
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| (f) | Address 2: |  | | | | |
|  |  |  | | | | |
| (g) | Town: |  | | | | |
|  |  |  | | | | |
| (h) | County: |  | | | | |
|  |  |  | | | | |
| (i) | Postcode: |  | | | | |
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| **3.** | **Other information** | | | | | |
|  | National insurance number: |  | | | | |
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| I certify that the information that I have supplied in this form is correct and I understand that any false or misleading information, if proved, may result in no further action being taken on this application, or, if appointed, dismissal from the service of the council. | | | | | | | |

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| Signed: |  |  |  | Date: |  |  |

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| **Section 2: Qualifications and current position held** | | | | | |
| **4.** | **Qualifications** | | | | |
| (a) | Details of qualifications obtained (please refer to employee specification):  Please state name, level and grade of qualification, the year attained and the examining body or university/college which awarded your qualification as this information may be needed by the selection panel. | | | | |
|  | **If applicable, applicants must, as at the closing date for receipt of application forms, have a third level qualification in a relevant discipline such as business studies, management, horticulture, social science, environmental studies, or equivalent qualification.**  **Please detail your relevant qualification below:** | | | | |
| Year: | | Examining body / University / College: | Level of qualification: | Subject: | Grade or mark: |
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| (b) | If you are applying for a post on the basis of a qualification which is not stated on the employee specification but which you consider to be equivalent, please list the main topics and modules below to demonstrate how you feel it is equivalent in terms of level, breadth, depth and content etc. Please also provide any further information which you feel supports your case.  (The selection panel will make the final decision on the relevance and equivalence of your qualification.) | | | |
|  |  | | | |
| Year: | Examining body / University/College: | Level of qualification: | Subject and modules studied: | Grade or mark |
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| Any other support evidence as to the equivalence of the qualifications stated, for example, breadth of overlap with qualification as detailed in the employee specification: | | | | |
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| (c) | **Current position held:** | | |
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| Current Job Title: | | Grade: | Date appointed: |
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| **Section 3: Driving licence and experience** | | | | | | | | | | | |
| **5.** |  | | | | | | | | | | |
| **(a)** | Do you hold a full, current driving licence which enables you to drive in Northern Ireland, or, access, to a form of transport which enables you to meet the requirements of the post in full?\*  **\*Please be advised that this alternative is a ‘reasonable adjustment’ specifically for applicants with disabilities who, as a result of their disability, are unable to hold a full, current driving licence.** | | | | | | | | | | |
|  | Yes |  | |  | No |  |  | | | | |
|  | | | | | | | | | | | |
| If you have answered yes to the above question, please also provide details of your driving licence number, start and expiry dates: | | | | | | | | | | | |
| Licence number: | | |  | | | | | Start date: |  | Expiry date: |  |
|  | | | | | | | | | | | |
| **By providing this information, you are consenting to Belfast City Council verifying your licence details with the Driver and Vehicle Agency (NI).** | | | | | | | | | | | |

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| **You must complete the application form in either typescript (Arial font size 11) or legible hand-writing using black ink. You must limit your text in this section, i.e. (b) to (d), to no more than one A4 page per criterion. You must not use continuation sheets. If you submit more than one page per criterion, the short-listing panel will only consider the first page of information and you may not be short-listed.**  Applicants **must**, as at the closing date for receipt of application forms, be able to demonstrate by providing personal and specific examples on the application form, that they meet the experience as stated in the employee specification.  **Essential criteria**  Applicants **must** also, as at the closing date for receipt of application forms:   * either, have a third level qualification in a relevant discipline such as business studies, management, horticulture, social science, environmental studies, or equivalent qualification and be able to demonstrate, by providing personal and specific examples on the application form, at least one year’s relevant experience in each of the following three areas;   **or**   * be able to demonstrate, by providing personal and specific examples on the application form, at least two years’ relevant experience in each of the following areas:  1. directly managing and motivating an operational workforce including planning and programming workloads and priorities, managing performance and ensuring targets are met; 2. overseeing the health and safety of a team, including carrying out risk assessments and ensuring all relevant health and safety requirements are met; and 3. dealing with customers and, or the public ensuring standards are adhered to; delivering service improvements and working with other departments, service areas and external agencies.   **Short-listing criteria**  In addition to the above driving licence, qualification and, or experience, Belfast City Council reserves the right to shortlist only those applicants who can demonstrate on the application form, by providing personal and specific examples, that they have either a relevant third level qualification and at least two years’ relevant experience in each of the above noted areas **or** that they have at least three years’ relevant experience in each of the above noted areas.  **In boxes (b) to (d) please provide the following detail:**  (b) You must clearly state the start and end dates of your relevant experience including the number of years’ experience you have in this area. You must clearly detail how you have managed and motivated an operational workforce, the number and designations of staff you have managed; how you programmed workloads and priorities; how you managed performance, how you ensured targets were met; etc.  (c) You must clearly state the start and end dates of your relevant experience including the number of years’ experience you have in this area. You must clearly detail how you oversaw health and safety within a team; the issues you faced; how you assessed risk; the health and safety measures you put in place; the health and safety guidance you followed; how you ensured health and safety requirements and wellbeing of team members; etc.  (d) You must clearly state the start and end dates of your relevant experience including the number of years’ experience you have in this area. You must clearly detail the range of customers or public you dealt with; what these dealings involved; how you have ensured customer or other standards were adhered to; how you delivered service improvements; how you worked effectively with other departments and service areas and how you have worked with others in external agencies; etc. |

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| **b)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have either one year’s or two years’ relevant experience (as outlined in the employee specification) of directly managing and motivating an operational workforce including planning and programming workloads and priorities, managing performance and ensuring targets are met.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least two years’ or three years’ relevant experience in this area)**  Continuation sheets must not be used |

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| **c)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have either one year’s or two years’ relevant experience (as outlined in the employee specification) of overseeing the health and safety of a team, including carrying out risk assessments and ensuring all relevant health and safety requirements are met.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least two years’ or three years’ relevant experience in this area)**  Continuation sheets must not be used |

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| **d)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have either one year’s or two years’ relevant experience (as outlined in the employee specification) of dealing with customers and, or the public ensuring standards are adhered to; delivering service improvements and working with other departments, service areas and external agencies.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least two years’ or three years’ relevant experience in this area)**  Continuation sheets must not be used |

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| **Equal opportunity monitoring form** | | |
|  | HR Reference number: | 0000002221/ |
| Belfast City Council is committed to ensuring that all eligible persons have equality of opportunity for employment and advancement in the council on the basis of ability, qualifications and aptitude for the work. To ensure the effective implementation of the Equal Opportunities Policy all applicants are requested to complete the following questionnaire. This questionnaire will be removed from your application form and will be strictly controlled in accordance with the Code of Practice on Monitoring agreed with Trade Unions.  **This questionnaire will not be seen by either the short-listing or interview panels.** | | |

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| **Personal details:** | |  | **Official use only:** | |
| **Date of birth:** |  |  | Dob |  |

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| **Gender Identity:** | | | | | | | | | | | | | | | | | | | Gender Identity |  | |
| **What best describes your gender?** | | | | | | | | | | | | | | | | | | |
| Man |  |  | Woman |  |  | Non-binary | | |  | |  | Prefer not to say | | |  | |  | |  |  | |
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| I use another term (for example, Intersex), please specify: | | | | | | | | | | | | | | |  | |  | |  |  | |
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| **Do you consider yourself to be trans\* or transgender\*\*?** | | | | | | | | | | | | | | | | |  | |  |  | |
| Yes |  |  | No |  |  | | Unsure |  | | |  | Prefer not to say | | |  | |  | |  |  | |
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| *\** Trans can be used as an umbrella term to describe people whose gender is not the same as, nor does it sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms e.g. transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, crossdresser, genderless. The use of trans as an umbrella term may not be acceptable to all transgender people. | | | | | | | | | | | | | | | | |  | |  |  | |
| *\*\** Someone who intends to transition, is transitioning or has transitioned from the gender they were assigned at birth. | | | | | | | | | | | | | | | | |  | |  |  | |

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| **Family status:** | Married |  | |  |  | Single |  |  |  |  | Status |  |
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|  | Divorced |  | |  |  | Separated |  |  |  |  |  |  |
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|  | Widowed |  |  | |  | Cohabitant |  |  |  |  |  |  |
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|  | Civil partnership | | | |  | Dissolved civil partnership | | |  |  |  |  |
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|  | Prefer not to answer | | | |  |  | | |  |  |  |  |
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|  | Other, please specify | | | | |  | | | |  |  |  |

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| **Ethnic origins:** | White | |  |  | Indian | | |  |  |  | Ethnic origin | | | |
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|  | Pakistani | |  |  | Bangladeshi | | |  |  |  |  |  | | |
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|  | Chinese | |  |  | Irish Traveller | | |  |  |  |  | | |  |
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|  | Black African | |  |  | Black Caribbean | | |  |  |  |  | | | |
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|  | Prefer not to answer | | |  |  | | |  |  |  |  | | | |
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|  | Black other, please specify | | | | |  | | | |  |  | | |  |
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|  | Mixed ethnic group, please | | | | |  | | | |  |  | | |  |
|  | specify | | | | |  | | | |  |  | | |  |
|  | Other, please specify | | | | |  | | | |  |  | | |  |
|  | | | | | | | | | |  |  | | |  |
| Please state your nationality or citizenship (for example, British, Irish, Polish): | | | | | | | | | |  | Nation | | |  |
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| **Persons with and without a disability:** | | | | | | | | | | | |
| A person has a disability if they have “a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities” (Disability Discrimination Act, 1995) | | | | | | | | | | | |
| **Do you, in accordance with the above, have** |  | Yes |  | |  | | No |  |  | Disability |  |
| **a disability?** |  |  | |  | |  |  |
|  |  | Prefer not to answer | | | | | |  |  |  |  |
|  | | | | | | | | | |  |  |
| If yes, please state nature of disability: | | | | | | | | |  |  | |
|  | | | | | | | | |  |  | |
|  | | | | | | | | | |  | |
| **If No, have you ever had a disability?** |  | Yes | |  | |  | No |  |  | History |  |
|  |  |  | |  | |  |  |  |  |  |  |
|  |  | Prefer not to answer | | | | | |  |  |  |  |
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| While the selection panel will be made aware that you have a disability for the purposes of operating the Guaranteed Interview Scheme, they will not know the nature of your disability or if you need any reasonable adjustments as part of the recruitment and selection process unless you advise them. | | | | | | | | |  |  |  |
|  | | | | | | | | |  |  |  |
| Therefore, if you require any reasonable adjustments as part of the recruitment and selection process, please outline them: | | | | | | | | |  |  |  |
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| If you wish to discuss any of this information further or you require any further clarification about the Guaranteed Interview Scheme, please feel free to contact our Helpline on **(028) 9027 0640** and we will be happy to help. | | | | | | | | |  |  |  |
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| In addition, if you are aware of any adjustments that you will require, should you be successful in obtaining the job, please outline them: | | | | | | | | |  |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | **Official use only:** | |
| **Persons with and without dependants:**  **If yes, please tick the relevant box(es) below- you may tick more than one box** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Do you look after or are you responsible for caring for | | | | | | | | | | | | | | | |  | Yes |  |  | | No | | |  | |  | Dependants | |
| anyone? | | | |  | | | | |  | | |  | |  | | | |  | |  | |  | | | | |  |  |
|  | | | |  | | | | |  | | |  | |  | | | |  | |  | |  | | | | |  |  |
| **If yes, please tick the relevant box(es) below- you may tick more than one box** | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | | | |  | | | | | | | | | |  | | | | | | | | | | |  | |  |  |
|  | Children | |  | |  | Relative | | | | |  | |  | | A person with a disability | | | | | | | |  | |  | |  |  |
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|  | | Prefer not to answer | | | | |  | | |  | | | | | | | | | | | | | | | | |  |  |
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|  | | Other, please specify: | | | | | |  | | | | | | | | | | | | | | | | |  | |  |  |

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| **Sexual orientation:** | | | | | |
| **What best describes your sexual orientation?** | | | | | |
|  |  |  |  |  | |
| Bi |  |  |  | Orientation |  |
|  |  |  |  |  | |
| Gay/lesbian |  |  |  |  |  |
|  |  |  |  |  | |
| Heterosexual/straight |  |  |  |  | |
|  |  |  |  |  | |
| Prefer not to say |  |  |  |  | |
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| I use another term, please specify: |  |  |  |  | |
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| **Religious affiliation or community background:** | | | | | |
| The council is required by The Fair Employment and Treatment (NI) Order 1998 to monitor the perceived religious affiliation or community background of its employees and applicants. In accordance with the Monitoring Regulations 1999, we are asking you to indicate the community to which you belong by ticking the appropriate box below: | | | | | |
|  |  |  |  |  | |
| I am a member of the Protestant community |  |  |  | Code |  |
|  |  |  |  |  | |
| I am a member of the Roman Catholic community |  |  |  | Method |  |
|  |  |  |  |  | |
| I am a member of neither the Protestant nor Roman Catholic communities |  |  |  |  | |
|  |  |  |  |  | |
| Prefer not to answer |  |  |  |  | |
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| **Please note:** If you do not complete this section, we are encouraged to use the ‘residuary’ method, which means that we can make a determination on the basis of personal information on your application form. | | | | | |

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| **Religious belief or tradition:** |  |  | | | |  | |
| Please specify your religious belief, for example, Christian, Hindu, Muslim: |  | | | |  | Religious belief |  |
|  |  |  | | | |  |  |
| No religious belief |  |  |  |  | |  | |
|  |  |  | | | |  | |
| Not disclosed |  |  |  |  | |  | |