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| HR reference: | ARP20/ |

**Belfast City Council**

Application for appointment as:

**Non-Executive Member of Audit and Risk Panel**

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| Name of Applicant: |  |
| Address: |  |
| The closing date for applications is **4pm on Thursday 1 October 2020**  Completed application forms should be emailed to [jobs@belfastcity.gov.uk](mailto:jobs@belfastcity.gov.uk) and you will receive an automatic reply when your application has been received. If you don’t receive an acknowledgement within 30 minutes, please call 9027 0640 to confirm receipt (office hours are normally Mon-Thurs 8.30am-5pm, Fri 8.30am-4.30pm). You must confirm receipt **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, as part of our COVID HR Service Recovery Plan, we are unable to issue or receive any hard copy application forms, either by post or hand-delivered, at this time.** | |

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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 are an Elected Member of Belfast City Council?  Please note that applicants who have been Members or officers of Belfast City Council at any time in the last two years, prior to 1 October 2020, will not be considered for this appointment. | | | | | Yes |  | No |  |
| Have you been previously employed by or have been an Elected Member of Belfast City Council? | | | | | Yes |  | No |  |
| If yes, please state your leaving date and reason for leaving: | | | | | | | | |
|  | | | | | | | | |
| Have you any potential conflicts of interest, actual or with the potential to be perceived as such by others, that are relevant to this position? | | | | | Yes |  | No |  |
| If yes, please provide further details.  If you are unsure about whether a matter could be considered to be a conflict of interests or not, please provide sufficient detail below for the selection panel to consider this issue. | | | | | | | | |
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| (a) | | Title: (Mr, Mrs, Ms, Miss, Dr etc) |  | | | | | |
|  | |  |  | | | | | |
| (b) | | Forenames: |  | | | | | |
|  | |  |  | | | | | |
| (c) | | Preferred name: |  | | | | | |
|  | |  |  | | | | | |
| (d) | | Surname: |  | | | | | |
|  | |  |  | | | | | |
| **2.** | | **Contact details** | | | | | | |
| (a) | | Telephone number: |  | | | | | |
|  | |  |  | | | | | |
|  | |  |  | | | | | |
| (b) | | Email address: |  | | | | | |
|  | |  |  | | | | | |
| (c) | | Address 1: |  | | | | | |
|  | |  |  | | | | | |
| (d) | | Address 2: |  | | | | | |
|  | |  |  | | | | | |
| (e) | | Town: |  | | | | | |
|  | |  |  | | | | | |
| (f) | | County: |  | | | | | |
|  | |  |  | | | | | |
| (g) | | Postcode: |  | | | | | |
|  | |  |  | | | | | |
| **3.** | | **Other information** | | | | | | |
|  | | National insurance number: |  | | | | | |

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| **Section 2: Employment history** | | | | | | |
| **4. Employment history** | | | | | | | |
| **(a)** | Details of present employment and present position(s) held: | | | | | | |
|  |  | | | | | | |
| Name and address of present employer (if any): | | | Exact date employment commenced (dd/mm/yyyy): | Position(s) held with current employer: | | Salary: | |
|  | | |  |  | |  | |
|  |  | | | | | | |
| **(b)** | Details of previous employment and positions held: | | | | | | |
|  |  | | | | | | |
| Name and address of previous employer(s): | | From:  (dd/mm/yyyy) | | To:  (dd/mm/yyyy) | Position(s) held: | Salary: | |
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| **Section 3: Experience** | |
| **5.** |  |

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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. (a) to (c), 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 person specification.  **Essential criteria**  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, the following essential requirements:   1. successful senior management experience in a large and complex public, private or voluntary sector organisation, including an understanding of financial regulation or audit; and 2. an understanding of the role and function of an audit committee within the context of a local authority, of organisational risk management, internal controls and governance and the role of internal and external audit.   **Short-listing criteria**  In addition to the above essential criteria, Belfast City Council reserves the right to shortlist only those applicants who, as at the closing date for receipt of applications, can demonstrate, by providing personal and specific examples on the application form, the following desirable requirements:   1. at least 12 months’ experience of acting as a non-executive member of Audit Committee or equivalent board membership. |

**In boxes (a), (b) and (c) below, please provide the following detail:**

In box a) you must clearly detail your senior management experience in this area, how this management experience at a senior level was successful; the organisation in which you gained this experience; how this organisation was significant including number of staff, size of budget, etc. You must also clearly detail your understanding of financial regulations and audit, how you used this understanding within your management experience, etc.

In box b) you must clearly detail your understanding of the role and function of an audit committee; how audit committees work within local authorities; including risk management, internal controls and governance; your understanding of the role of internal and external audit, etc.

In box c) you must clearly state the start and end dates of your relevant experience. You must clearly detail the audit committee or board of which you were a member; your specific duties and responsibilities in acting as a non-executive member, etc.

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| **(a)** | **Please demonstrate in this box, by providing personal and specific examples, that you have successful senior management experience in a large and complex public, private or voluntary sector organisation, including an understanding of financial regulation or audit.**  Continuation sheets must not be used |

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| **(b)** | **Please demonstrate in this box, by providing personal and specific examples, that you have an understanding of the role and function of an audit committee within the context of a local authority, of organisational risk management, internal controls and governance and the role of internal and external audit.**  Continuation sheets must not be used |

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| **(c)** | **If applicable, please demonstrate in this box, by providing personal and specific examples, that you have at least 12 months’ experience of acting as a non-executive member of Audit Committee or equivalent board membership.**  Continuation sheets must not be used |

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| **6.** | Notice required to terminate present position: | |  |
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| **7.** | If you are not currently employed by Belfast City Council, please provide the required information of two persons not related to you, to whom references may be sent. Both of your referees must be either your current or previous employers (if applicable). Both should be able to comment on your ability to carry out the particular tasks of the job. If you do not wish us to contact your present employer, please provide your most recent previous employer. | | |
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| **1.** | Current or previous employer (if any) | | |
|  |  |  | |
|  | Name: |  | |
|  |  |  | |
|  | Job title: |  | |
|  |  |  | |
|  | Name of organisation: |  | |
|  |  |  | |
|  | Address (including post code): |  | |
|  |  |  | |
|  | Contact telephone: |  | |
|  |  |  | |
|  | Email address: |  | |
|  |  |  | |
| **2.** | Other employer referee (or character reference if applicable): | | |
|  |  |  | |
|  | Name: |  | |
|  |  |  | |
|  | Job title (if applicable): |  | |
|  |  |  | |
|  | Name of organisation (if applicable): |  | |
|  |  |  | |
|  | Address (including post code): |  | |
|  |  |  | |
|  | Contact telephone: |  | |
|  |  |  | |
|  | Email address: |  | |

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| I certify that the above information is correct and 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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| **Equal opportunity monitoring form** | | |
|  | HR Reference number: | ARP20/ |
| 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:** |

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| **Date of birth:** |  |  | Dob |  |

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| **Gender:** | Male |  |  | Female |  |  | Gender |  |

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| **Family status:** | Married |  | |  |  | Single |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  | Status |  |
|  | Divorced |  | |  |  | Separated |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Widowed |  |  | |  | Cohabitant |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Civil partnership | | | |  | Dissolved civil partnership | | |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Other, please specify | | | | |  | | | |  |  |  |

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| **Ethnic origins:** | White | |  |  | Indian | | |  |  |  |  |  | |
|  |  |  |  |  |  | |  |  |  |  |  |  | |
|  | Pakistani | |  |  | Bangladeshi | | |  |  |  | Ethnic origin | | |
|  |  |  |  |  |  | |  |  |  |  |  | |  |
|  | Chinese | |  |  | Irish Traveller | | |  |  |  |  | |  |
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|  | Black African | |  |  | Black Caribbean | | |  |  |  |  | | |
|  |  | | | | |  | | | |  |  | |  |
|  | Black other, please specify | | | | |  | | | |  |  | |  |
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|  | Mixed ethnic group, please | | | | |  | | | |  |  | |  |
|  | specify | | | | |  | | | |  |  | |  |
|  | Other, please specify | | | | |  | | | |  |  | |  |

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| 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 he or she has “a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities” (Disability Discrimination Act, 1995) | | | | | | | | | | | |
| Do you, in accordance with the above, have a disability? | |  | Yes |  |  | | No |  |  | Disability |  |
|  | | | | | | | | | |  |  |
| If yes, please state nature of disability: |  | | | | | | | |  |  | |
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| If no, have you ever had a disability? | |  | Yes |  |  | No | |  |  | History |  |

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|  | | | | | | | | | | | | | | | | | | | | | | | **Official use only:** | |
| **Persons with and without dependants:** | | | | | | | | | | | | | | | | | | | | | | |  | |
| Have you any caring responsibility? | | | | | | | | | | | |  | Yes |  |  | | No | | |  | |  | Dependants | |
|  | | |  | | |  | |  | |  | | | |  | |  | |  | | | | |  |  |
|  | Children |  | |  | Relative | |  | |  | | A person with a disability | | | | | | | |  | |  | |  |  |
|  | | |  | | | | | | |  | | | | | | | | | | |  | |  |  |
|  | | | Other, 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 |  |  |  |  | |

**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, please specify |  | | | |  | Religious belief | |
|  |  |  | | | |  |  |
| No religious belief |  |  |  |  | |  | |
|  |  |  | | | |  | |
| Not disclosed |  |  |  |  | |  | |

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| **Additional information:** | | | | | | | | | | | | | | | | |
| To monitor the effectiveness of our advertising, please indicate where you saw this job advertised: | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  | |  | | | |  |  |  | |
| Belfast Telegraph |  |  |  | Irish News |  |  |  | | Newsletter | | | |  |  |  | |
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| Sunday Life |  |  |  | Specialist journal |  |  |  | | Strictly Boardroom | | | |  |  |  | |
|  |  |  |  |  |  |  |  | |  | | | |  |  |  | |
| Council trawl |  |  |  | Council website |  |  |  | | Nijobfinder.co.uk | | | |  |  |  | |
|  |  |  |  |  |  |  |  | |  | | | |  |  |  | |
| LinkedIn |  |  |  | Facebook |  |  |  | | Twitter | | | |  |  |  | |
|  |  | |  | | | | | | | | | | | | | |
| Word of mouth |  |  |  |  |  |  |  |  | | | | | |  |  | | |
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| Other, please state where: |  |  | | | | | | | |  |  |  | | |  |

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