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| --- | --- |
| HR reference | 0000001962/ |

**Belfast City Council**

Application for appointment as:

**Industrial Placement – Digital Services (2023/24) (two posts) (Scale 1B)**

**Digital Services Section**

**Finance and Resources Department**

|  |  |
| --- | --- |
| Name of Applicant: |  |
| Address: |  |
| The closing date for applications is **4pm on Tuesday, 28 March 2023**.  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 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.** |
|  |
| **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: |  | | | | |
|  |  |  | | | | |
| **2.** | **Contact details** | | | | | |
| (a) | Work telephone number: |  | | | | |
|  |  |  | | | | |
| (b) | Mobile number: |  | | | | |
|  |  |  | | | | |
| (c) | Preferred contact number: |  | | | | |
|  |  |  | | | | |
| (d) | Email address: |  | | | | |
|  |  |  | | | | |
| (e) | Address 1: |  | | | | |
|  |  |  | | | | |
| (f) | Address 2: |  | | | | |
|  |  |  | | | | |
| (g) | Town: |  | | | | |
|  |  |  | | | | |
| (h) | County: |  | | | | |
|  |  |  | | | | |
| (i) | Postcode: |  | | | | |
|  |  |  | | | | |
| **3.** | **Other information** | | | | | |
|  | National insurance number: |  | | | | |
|  | | | | | | | |
| 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** | | |
| **4.** | Educational or professional studies in progress | |
| Applicants **must**, as at the closing date for receipt of application forms,be second year or stage two students following an Honours degree in a relevant subject such as, Computing and Information Technology, Computer Science, Information and Communication Technologies, or Business Information Technology **and** be eligible to undertake an industrial placement in 2023/24.  **The appointment will be subject to official confirmation of successful completion of all second year or stage two undergraduate examinations.**  **Please detail in the box provided below, the name of the course you are studying, the university you are attending and the dates of your attendance for this course.** | | |
| Nature of studies and name of university: | | Dates of attendance:  (mm/yyyy – mm/yyyy) |
|  | |  |

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| **Section 3: Experience** | |
| **5.** |  |
| **You must complete this application form either typewritten in Arial font size 11 or legible hand writing in black ink. You must limit your text in the box below to this one page. You must not use continuation sheets.** | |
| **Having read the duties for this post, as listed in the job description, please demonstrate in this box, your experience which you believe is relevant to this post together with any other relevant information in support of your application.** | |
| Continuation sheets must **not** be used | |

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| **Section 4: Other information** |

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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: | 0000001962/ |
| 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 |  |
| How do you define your gender? | | | | | | | | | | | |
| Male |  |  |  | Female |  |  | Prefer not to answer | |  | |  |  |  |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |
| I use another term (for example, Intersex, non-binary), please specify: | | | | | | | | |  | |  |  |  |
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| **Do you consider yourself to be trans\* or transgender\*\*?** | | | | | | | | | | |  |  |  |
| Yes |  |  |  | No |  |  | Prefer not to say | |  | |  |  |  |
| *\** 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 |  |
|  |  |  | |  |  |  |  |  |  |  |  |  |
|  | Divorced |  | |  |  | Separated |  |  |  |  |  |  |
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|  | Widowed |  |  | |  |  |  |  |  |  |  |  |
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|  | Cohabitant | | | |  | Same sex marriage | | |  |  |  |  |
|  |  | | | |  |  | | |  |  |  |  |
|  | 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 | | | | | | |
|  | | | | |  | | | | |  | |  | | | |  | | | |  | | | | | | | | |  | |  | | | | |  | | | |  | | | |  | | |  | | | |
|  | | | | | 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 | | | | | | | | | | | | | | |  | | |  | | | |  | | | |  | | |
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| If yes, please state nature of disability: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | |
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| 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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| **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? | | | | |  | | | | | | |  | | | |  | | |  | | | | | | | | | |  | | | | |  | |  | | | | | | | | | |  | | | |  |
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| **If yes, please tick the relevant box(es) below- you may tick more than one box** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
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|  | | 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 answer |  |  |  |  | |
|  |  |  |  |  | |
| 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 |  |  |  |  | |
|  |  |  |  |  | |
| **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 |  |  |  |  | |  | |

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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 | |  |  | |
|  |  |  |  |  |  |  |  |  | |  |  |  | |
| Sunday Life |  |  |  | Specialist journal |  |  |  | LinkedIn | |  |  | |
|  |  |  |  |  |  |  |  |  | |  |  |  | |
| Council trawl |  |  |  | Council website |  |  |  | Nijobfinder.co.uk | |  |  | |
|  |  |  |  |  |  |  |  |  | |  |  |  | |
| Facebook |  |  |  | Twitter |  |  |  | Word of mouth | |  |  | |
|  |  |  |  |  |  |  |  |  | |  |  |  | |
| Department of Learning, |  |  |  | Executive search |  |  |  | Localgovernmentjobsni.gov.uk | |  |  | |
| Jobs and Benefits |  |  |  |  | |  |  |  | | | | |
|  |  |  |  |  |  | | | | | | |  | |
| Other, please state where: |  |  | | | | | | |  | | |  | |