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| HR reference | 0000001195/ |

**Belfast City Council**

Application for appointment as:

**Dog Warden (Scale 5)**

**‘Temporary cover’ post until 8 August 2022, subject to review**

**(Applicants must be current Belfast City Council employees or current Belfast City Council agency assignees as at Wednesday, 29 September 2021 and throughout the selection process)**

**City Services Section**

**City and Neighbourhood Services Department**

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| Name of Applicant: |  |
| Address: |  |
| The closing date for applications is **4pm on Wednesday, 29 September 2021 .**  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 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: |  | | | | |
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| **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: Current position held** | | | | |
| **4.** |  | | | |
| 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: |  |
|  | | | | | | | | | | | |
| **You must complete this form in either typescript (Arial font size 11) or legible hand-writing using black ink. You must limit your text in the next section to no more than one A4 page. You must not use continuation sheets. If you submit more than one page, 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**, as at the closing date for receipt of application forms, be able to demonstrate, by providing personal and specific examples on the application form, at least one year’s relevant experience, gained in the workplace, in each of the following areas:   1. the control or handling of dogs in a formal setting; 2. dealing with individual members of the public, including dealing with contentious situations; and 3. administration work which includes using computerised systems to produce written reports and maintain records.   **Short-listing criteria**  In addition to the above driving licence and experience, Belfast City Council reserves the right to short-list only those applicants who, as at the closing date for receipt of application forms, can demonstrate on the application form, by providing personal and specific examples, that they have:   * in the first instance, at least two years’ relevant experience, gained in the workplace, in each of the three areas (a) to (c) detailed above; and  1. in the second instance, at least one year’s relevant experience, gained in the workplace, of working in an enforcement or legislative role.   **In boxes (b) to (d) please provide the following detail:**   1. (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 state your job title; duties and responsibilities; your experience in terms of controlling or handling dogs; how you controlled or handled these dogs; the formal setting in which you controlled or handled dogs; how this was in a workplace scenario, etc. 2. (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 state your job title; duties and responsibilities; the range of members of the public you have dealt with; how you dealt with these members of the public; what this involved; the issues you faced; the contentious situations you have managed; how you managed the situations; what was involved; what the outcomes were, etc. 3. (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 your personal experience of general administration work and what this involved; including the production of reports and what they related to; who they were for; how you produced them; details of records that you maintained and how this was done; any IT systems that you used to produce written reports and maintain records, etc.   **If applicable, please provide the following detail in box (e) below:**   1. (e) 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 state your job title; duties and responsibilities; the types of enforcement or legislative roles you have carried out and the techniques you used to enable you to do this; who you reported your findings to; what legislation you worked with; how your findings were used to improve service delivery, etc. | | | | | | | | | | | | |

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| **(b)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least one year’s relevant experience,gained in the workplace, in the control or handling of dogs in a formal setting.  **(Please note, Belfast City Council reserves the right to short-list, in the first instance, only those applicants who can demonstrate at least two years’ relevant experience in this area)**  Continuation sheets must not be used | | | |
| **(c)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least one year’s relevant experience,gained in the workplace, in dealing with individual members of the public, including dealing with contentious situations.  **(Please note, Belfast City Council reserves the right to short-list, in the first instance, only those applicants who can demonstrate at least two years’ relevant experience in this area)**  Continuation sheets must not be used | | | |
| **(d)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least one year’s relevant experience,gained in the workplace,in administration work which includes using computerised systems to produce written reports and maintain records.  **(Please note, Belfast City Council reserves the right to short-list, in the first instance, only those applicants who can demonstrate at least two years’ relevant experience in this area)**  Continuation sheets must not be used | | | |
| **(e)** | **Short listing criterion: If applicable, please demonstrate in this box by providing personal and specific examples, that you have at least one year’s relevant experience, gained in the workplace, of working in an enforcement or legislative role.**  Continuation sheets must not be used | | | |
| **Equal opportunity monitoring form** | | | | |
|  | | | HR Reference number: | 0000001195/ |
| 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 specific: | | | | | | | | |  | |  |  |  |
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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 |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Widowed |  |  | |  |  |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Cohabitant | | | |  | Same sex marriage | | |  |  |  |  |
|  |  | | | |  |  | | |  |  |  |  |
|  | Civil partnership | | | |  | Dissolved civil partnership | | |  |  |  |  |
|  |  | | | |  |  | | |  |  |  |  |
|  | 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 | | | | | | | |  |  | |  | |  | | | |  |
|  |  |  |  |  | |  | | | | | |  | |  |  | |  | |  | | | | |
|  | 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: | | | | | | | | | | | | | | | | | |  | | |  | | | |
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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. | | | | | | | | | | | | | | | | | |  | | |  | | |  |
|  | | | | | | | | | | | | | | | | | |  | | |  | | |  |
| 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 | | | | |  | | |  | | | | | | | | | | | | | | | | |  |  |
|  | | | |  | | | | | | | | | |  | | | | | | | | | | |  | |  |  |
|  | | 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 |  |  |  |  | |
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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 |  |  |  |  | |
|  |  |  |  |  | |
| **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 |  |  |  |  | |  | |