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| HR reference | 0000000999/ |

**Belfast City Council**

Application for appointment as:

**Project Officer (Affordable Warmth Programme) (Scale 5)**

**‘Temporary project’ post until 31 March 2022, subject to review**

**(Applicants must be current employees or agency assignees of Belfast City Council as at Monday, 1 March 2021 and throughout the selection process)**

**Building Control Service**

**Place and Economy Department**

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| Name of Applicant: |  |
| Address: |  |
| The closing date for applications is **4pm on Monday, 1 March 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, 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: 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. | | | | |
|  | **Please note, Belfast City Council reserves the right to short-list only those applicants who, as at the closing date for receipt of application forms, in the second instance, have at least five GCSEs (grades A – C) including English, or equivalent qualifications. If applicable, please detail your relevant qualifications 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 |
|  | |  |  | |  | |  |
| 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: | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| (c) | **Current position held:** | | | | | | |
|  |  | | | | | | |
| 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).** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **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 on the application form, by providing personal and specific examples, at least **one** year’s relevant experience in each of the following areas:   1. working with vulnerable individuals and providing a high level of customer care; 2. compiling, analysing and maintaining service information; **and** 3. dealing with members of the public and outside bodies to resolve queries.   **Short-listing criterion**  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 applications, in the first instance, can demonstrate on the application form, by providing personal and specific examples, at least two years’ relevant experience in the above-listed areas (a – c).  **In boxes (a) – (c) overleaf, please provide the following detail:**   1. 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 job role; your experience in dealing with vulnerable individuals; the purpose of this work; any issues you have encountered; how you resolved these issues; the steps you took to provide a high level of customer care; etc. 2. 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 job role; the service information you have compiled and how you have analysed and maintained this information; any systems or tools you have used to assist you with compiling and analysing service information; how and why you compiled and analysed service information; who the audience was for this services information; etc.      1. 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 job role; the members of the public you have dealt with to resolve queries; the outside bodies you have dealt with to resolve queries; the frequency and nature of the contact; the types of queries you have dealt with; etc. | | | | | | | | | | | | |

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| **(a)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least one year’s relevant experience of working with vulnerable individuals and providing a high level of customer care.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who, in the first instance, can demonstrate at least two years’ relevant experience in this area)**  Continuation sheets must not be used |
| **(b)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least one year’s relevant experience of compiling, analysing and maintaining service information.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who, in the first instance, 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 of dealing with members of the public and outside bodies to resolve queries.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who, in the first instance, can demonstrate at least two years’ relevant experience in this area)**  Continuation sheets must not be used |

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| **Equal opportunity monitoring form** | | |
|  | HR Reference number: | 0000000999/ |
| 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 |  |  | |  |  |  |  |  |  |  |  |
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|  | 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 | | |  |  |  | |  | | |  |
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|  | Black African | |  |  | Black Caribbean | | |  |  |  | |  | | | |
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|  | Prefer not to answer | | |  |  | | |  |  |  | |  | | | |
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|  | Black other, please specify | | | | |  | | | |  | |  | | |  |
|  |  | | | | |  | | | |  | |  | | |  |
|  | 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 | | | | | |  |  |  |  |
|  |  |  | | | | | |  |  |  |  |
| 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 | | | | | | | |  | |  | |  |  |
|  | | | |  | | | | | | | | | |  | | | | | | | | | | |  | |  |  |
|  | | 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 |  |  |  |  | |
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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 |  |  |  |  | |  | |