	HR Ref No	
Office use only	Candidate ID	



	Application for appointment as:				
Section Department	Section	Department			
Closing date for applications	Closing date for applications				

Completing this form

Please complete your application using the most up to date version of Adobe Reader. Please only use the space as shown on the application form for your answers.

Address

How to submit your form:	

Do you have a disability?

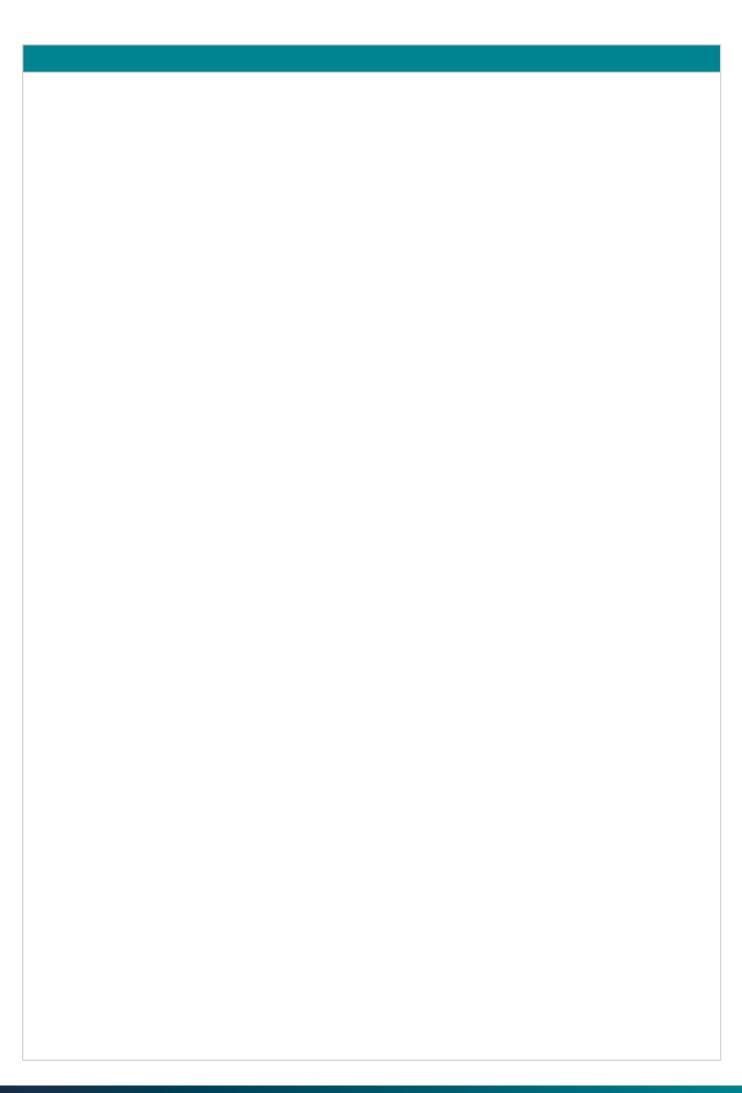
If you have a disability and require any reasonable adjustments, or your first language is not English and you require any assistance with any aspect of our recruitment and selection process, please call **028 9027 0640**

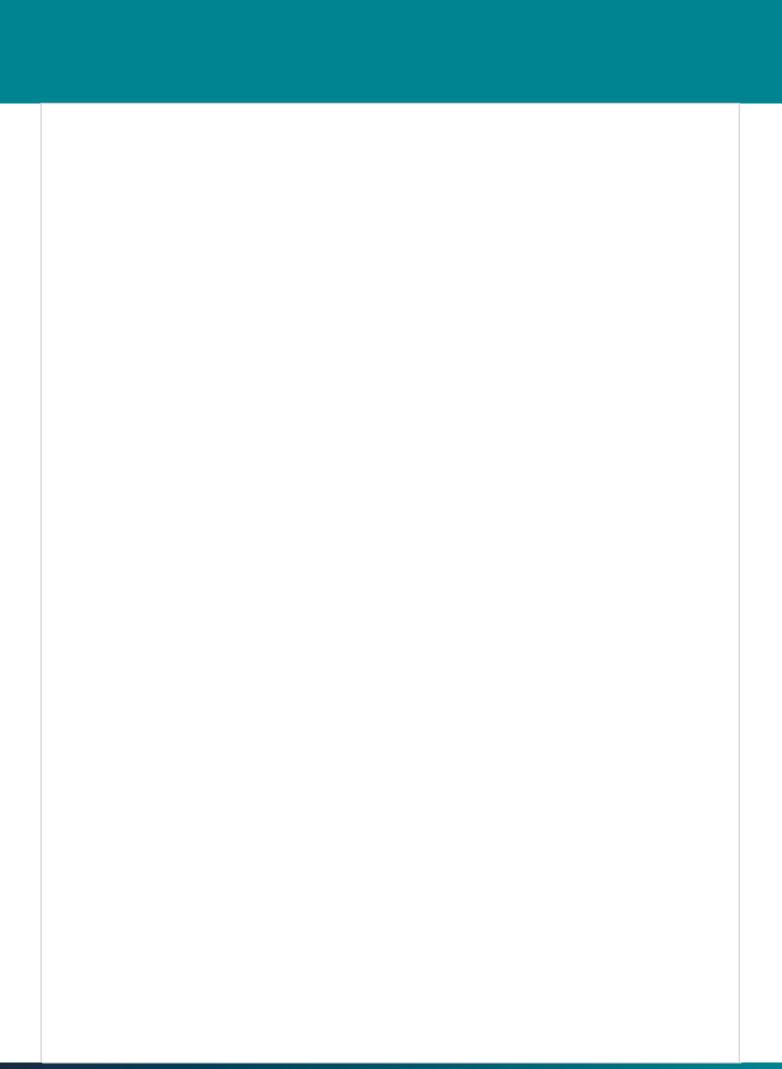
Equal opportunities

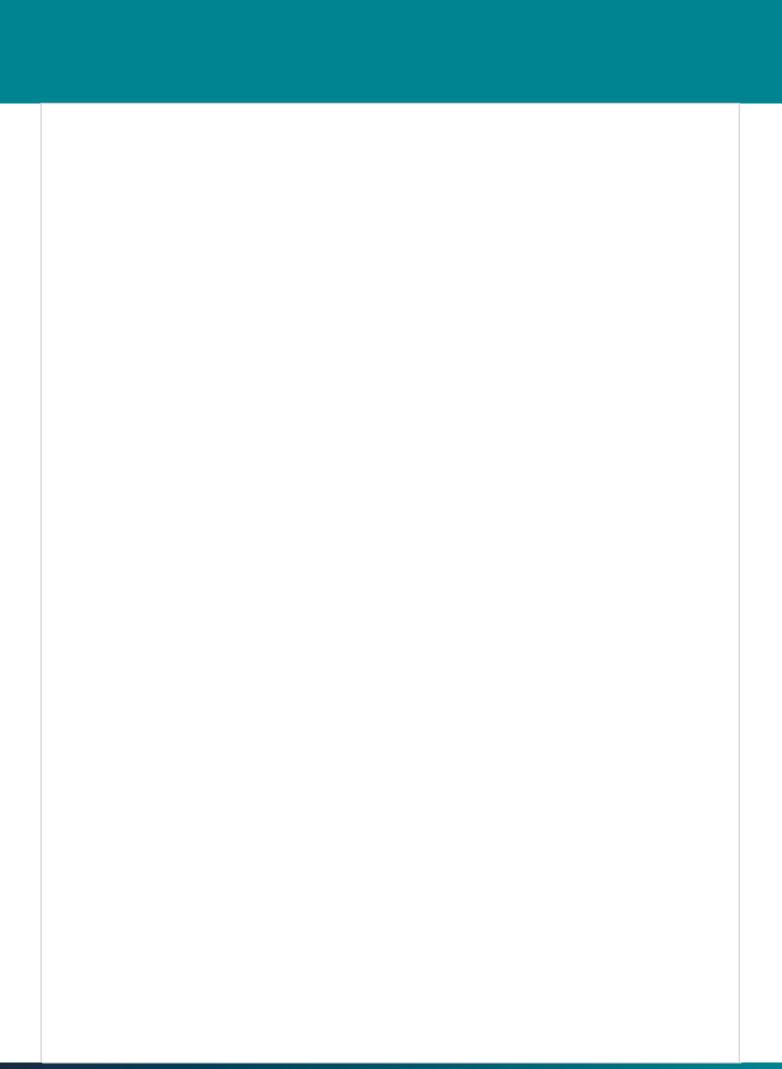
Belfast City Council is an equal opportunities employer and welcomes applications from all sections of the community.

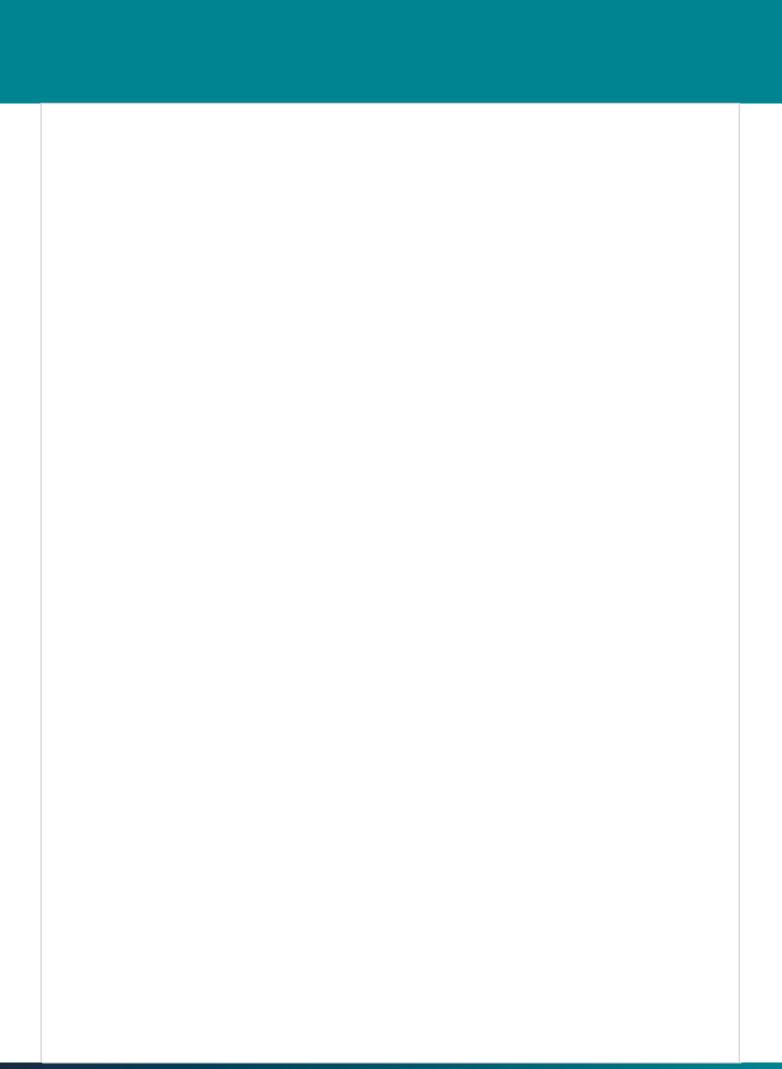
Section 1: Personal details					
Are you currently employed by o (If you only work within Belfast Cit No [see below])			wer as		No ease enter f number:
Are you a current casual worker (Please note: casual workers are i				☐ Yes	□ No
1. Your details					
(a) Title: (Mr, Mrs, Ms, Miss, Dr etc		(b) Forename(s):			
(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.					
Signed			Date		

Section 2: Qualifications and current position held						
4.Qualifica	ations					
specificat demonstra provide an	re applying for a post on the ion but which you consider to the how you feel it is equival by further information which on panel will make the final decis	to be equi ent in terr you feel s	valent, please ns of level, bro supports your	e list the main top eadth, depth and case.	ics and modules l content etc. Plea	oelow to
(a) O	h manisian hald					
Current Jo	t position held:		Grade:		Data annainted	
Current 30	in title:		Graue:		Date appointed:	









(6) Notice required to terminate present position:					
Name:					
Job title:					
Name of organisation:					
Address (including post code):					
Contact telephone:					
Email address:					
Name:					
Name: Job title:					
Job title:					
Job title: Name of organisation:					
Job title: Name of organisation:					
Job title: Name of organisation: Address (including post code):					
Job title: Name of organisation: Address (including post code): Contact telephone: Email address: I certify that the above information may result in no further action being	is correct and understand that any false or misleading information, if proved, ng taken on this application, or, if appointed, dismissal from the service of the ate in the boxes below to confirm the above statement.				
Job title: Name of organisation: Address (including post code): Contact telephone: Email address: I certify that the above information may result in no further action being	ng taken on this application, or, if appointed, dismissal from the service of the				

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Equal opportunity monitoring form

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.

Personal details	
Date of birth:	
Gender Identity: How do you define your gender? Male Female Prefer not to answer.	ver
I use another term (for example Intersex, n	on- binary), please specify:
were assigned at birth. Trans people may describe thems gender-queer (GQ), gender-fluid, non-binary, crossdresse transgender people.	ble whose gender is not the same as, nor does it sit comfortably with, the sex they selves using one or more of a wide variety of terms e.g. transgender, transsexual, er, genderless. The use of trans as an umbrella term may not be acceptable to all has transitioned from the gender they were assigned at birth.
Family status:	
☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Same sex marriage ☐ Cohabitant	Civil partnership Dissolved civil partnership Prefer not to answer Other, please specify:
Ethnic origins:	
☐ White ☐ Indian ☐ Pakistani	Black other, please specify:
☐ Bangladeshi ☐ Chinese ☐ Irish Traveller ☐ Black African	Mixed ethnic group, please specify: Other, please specify:
Black Caribbean Prefer not to answer Please state your nationality or citizenship (for example, British, Irish, Polish):	

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 a disability? Yes No Prefer not to answer
If yes, please state nature of disability:
If no, have you ever had a disability?
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:
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.
In addition, if you are aware of any adjustments that you will require, should you be successful in obtaining the job, please outline them:

Persons with and without dependants:
Do you look after or are responsible for caring for anyone? Yes No If yes, please tick the relevant box below- you may tick more than one box Children Relative A person with a disability Prefer not to answer Other, please specify:
Sexual orientation
What best describes your sexual orientation? Bi Gay/lesbian Heterosexual/ straight Prefer not to answer I use another term, please specify:
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 I am a member of the Roman Catholic community 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.
Religious belief or tradition:
Please specify your religious belief, for example, Christian, Hindu, Muslim: No religious belief Not disclosed
Additional information:
To monitor the effectiveness of our advertising, please indicate where you saw this job advertised: Belfast Telegraph