|  |  |
| --- | --- |
| HR reference | 0002127/ |

**Belfast City Council**

Application for appointment as:

**Financial Accountant (PO4)**

**(There is currently one full-time fixed term contract post for 12 months, subject to review. Other full-time, part-time, temporary and permanent posts may be filled from a reserve list.)**

**Financial Services Section**

**Finance and Resources Department**

|  |  |
| --- | --- |
| Name of Applicant: |  |
| Address: |  |
| The closing date for applications is **4pm on Monday 2 October 2023.**  Completed application forms should be emailed to [jobs@belfastcity.gov.uk](mailto:jobs@belfastcity.gov.uk) and you will receive an automatic acknowledgement reply when your application has been received. If you don’t receive an automatic acknowledgement reply within 30 minutes, please email [jobs@belfastcity.gov.uk](mailto:jobs@belfastcity.gov.uk) again to query this and, or confirm receipt of your application form (office hours are normally Mon-Thurs 8.30am-5pm, Fri 8.30am-4.30pm). You must receive an automatic acknowledgement reply **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) | |

|  |
| --- |
| **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** |

In addition to filling the immediate vacancy, we also intend to create a reserve list of successful applicants, in strict order of merit based on performance at interview. We anticipate that this list will last for 12 months or until it is exhausted, whichever is sooner.

Therefore, should a similar post to the immediate vacancy become available within this time we may offer it to those on the reserve list, in order of merit, without further interview.

**These posts may be either working full-time or part-time hours.**

Please indicate below whether you would be interested in working full-time or part-time hours by ticking the appropriate box.

**If you are interested in both full-time and part-time positions, please tick *(*🗸*)* both boxes.**

**Hours of work:**

**Full-time Part-time**

You can apply for all positions and, if appointed to the reserve list, you will be considered for full-time and part-time hours.

If you apply for all positions, you can accept a post working part-time hours without giving up your right to be offered a post working full-time hours.

**It is important to note: If you are placed on the reserve list, you will only be offered vacant posts on the basis of the information you have provided above. For example, , if you have ticked that you wish to be considered for full-time hours only and a part-time post becomes available, we will not offer you this part-time post.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Personal details** | | | | | | |
| Are you currently employed by Belfast City Council? | | | Yes |  | No |  |
| If yes, please enter your staff number: | | |  | | | |
| Have you been previously employed by Belfast City Council? | | | Yes |  | No |  |
|  | | |  |  |  |  |
| If yes, please state your reason for leaving: | | | | | | |
|  | | | | | | |
|  |  | | | | | |
| **1.** | **Your details** | | | | | |
| (a) | Title: (Mr, Mrs, Ms, Miss, Mx, 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: |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section 2: Qualifications and employment history** | | | | | |
| **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. | | | | |
|  | **Applicants must, as at the closing date for receipt of application forms, be a qualified accountant and be a full, current member of a relevant professional body, for example, Association of Chartered Accountants (ACA); Association of Chartered Certified Accountants (ACCA); Chartered Institute of Management Accountants (CIMA); Chartered Institute of Public Finance and Accountancy (CIPFA) or equivalent.**  **Please detail your relevant qualification below:** | | | | |
| Year: | | Examining body / University / College: | Level of qualification: | Subject: | Grade or mark: |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| (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) | **Professional qualifications:**  **Applicants must, as at the closing date for receipt of application forms, be a qualified accountant and be a full, current member of a relevant professional body, for example, Associate Chartered Accountants (ACA); Association of Chartered Certified Accountants (ACCA); Chartered Institute of Management Accountants (CIMA); Chartered Institute of Public Finance and Accountancy (CIPFA) or equivalent.**  **Please detail your relevant professional membership below:** | | | | | | |
|  | | | | | |  | |
| Title of professional body | | | Title of qualification(s) | | | Date of attainment | |
|  | | |  | | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employment history** | | | | | | |
| (d) | Details of current employment and current position held: | | | | | |
|  |  | | | | | |
| Name and address of current employer (if any): | | | Exact date employment commenced (dd/mm/yyyy): | Position held with current employer: | | Salary: |
|  | | |  |  | |  |
|  |  | | | | | |
| (e) | 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: |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |

|  |  |
| --- | --- |
| **Section 3: Experience** | |
| **4.** |  |

|  |
| --- |
| **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**  Applicant must, as at the closing date for application forms, be able to demonstrate, by providing personal and specific examples on the application form, that they have:  a) at least two years’ relevant experience of providing financial services in a large and complex organisation[[1]](#footnote-1) to include the production of annual accounts; **and**   * relevant experience in at least **two** of the following areas:  1. managing and motivating members of staff, that is, direct reports; 2. income control and treasury management; and, or 3. developing core financial systems to assist in the production of financial information.   **Short-listing criterion**  In addition to the above qualifications and experience, Belfast City Council reserves the  right to shortlist only those applicants who, as at the closing date for receipt of application forms, can demonstrate, by providing personal and specific examples on the application form, that they have relevant experience in each of the areas detailed above (b) to (d).  **In boxes (a), (b), (c) and (d) below, 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 specific duties and responsibilities in relation to providing financial services the range and type of financial services you provided for the organisation; the annual accounts that you produced; the steps that you took, the size of the budget; the large and complex organisation you have gained your experience in, how this organisation is defined as large and complex, for example, the number of employees, different departments, sections, functions and size of budget, 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 the numbers of staff you managed and motivated; how you managed and motivated staff for whom you have been directly responsible; how you managed staff in accordance with the principles of personal development and individual performance management; any staff difficulties you encountered and how you overcame them, etc. 3. 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 the income control functions that you have been responsible for; how you ensured this was conducted effectively; the treasury management that you have been responsible for; any issues you encountered and how you dealt with them, etc. 4. 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 the core financial systems that you have helped develop; the steps you took in their development and your role; how these systems have assisted in the production of financial information; any difficulties you encountered in developing these core financial systems and how you overcame them, etc. |

|  |  |
| --- | --- |
| **(a)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least two years’ relevant experience of providing financial services in a large and complex organisation to include the production of annual accounts.  Continuation sheets must not be used |

|  |  |
| --- | --- |
| **(b)** | If applicable, applicants **must** demonstrate here, by providing personal and specific examples, that they have relevant experience of managing and motivating members of staff, that is, direct reports.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate relevant experience (as detailed in the employee specification) in this area).**  Continuation sheets must not be used |

|  |  |
| --- | --- |
| **(c)** | If applicable, applicants **must** demonstrate here, by providing personal and specific examples, that they have relevant experience of income control and treasury management.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate relevant experience (as detailed in the employee specification) in this area).**  Continuation sheets must not be used |

|  |  |
| --- | --- |
| **(d)** | If applicable, applicants **must** demonstrate here, by providing personal and specific examples, that they have relevant experience of developing core financial systems to assist in the production of financial information.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate relevant experience (as detailed in the employee specification) in this area).**  Continuation sheets must not be used |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 4: Other information** | | | |
|  | | | |
| **6.** | Notice required to terminate present position: | |  |
|  |  | |  |
| **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. | | |
|  |  | | |
| **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: |  | |

|  |
| --- |
| 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. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signed: |  |  |  | Date: |  |  |

|  |  |  |
| --- | --- | --- |
| **Equal opportunity monitoring form** | | |
|  | HR Reference number: | 0002127/ |
| 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:** | |  | **Official use only:** | |
| **Date of birth:** |  |  | Dob |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender Identity:** | | | | | | | | | | | | | | | | | | | Gender Identity |  | |
| **What best describes your gender?** | | | | | | | | | | | | | | | | | | |
| Man |  |  | Woman |  |  | Non-binary | | |  | |  | Prefer not to say | | |  | |  | |  |  | |
|  |  |  |  |  |  |  | | |  | |  | |  |  | | | |  |  | |  | |
| I use another term (for example, Intersex), please specify: | | | | | | | | | | | | | | |  | |  | |  |  | |
|  | | | | | | | | | | | | | | | |  | | |  |  | |
|  | | | | | | | | | | | | | | | | |  | |  |  | |
|  | | | | | | | | | | | | | | | | |  | |  |  | |
| **Do you consider yourself to be trans\* or transgender\*\*?** | | | | | | | | | | | | | | | | |  | |  |  | |
| Yes |  |  | No |  |  | | Unsure |  | | |  | 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. | | | | | | | | | | | | | | | | |  | |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family status:** | Married |  | |  |  | Single |  |  |  |  | Status |  |
|  |  |  | |  |  |  |  |  |  |  |  |  |
|  | Divorced |  | |  |  | Separated |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Widowed |  |  | |  | Cohabitant |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Civil partnership | | | |  | Dissolved civil partnership | | |  |  |  |  |
|  |  | | | |  |  | | |  |  |  |  |
|  | Prefer not to answer | | | |  |  | | |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Other, please specify | | | | |  | | | |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnic origins:** | White | |  |  | Indian | | |  |  |  | Ethnic origin | | | |
|  |  |  |  |  |  | |  |  |  |  |  | |  | |
|  | Pakistani | |  |  | Bangladeshi | | |  |  |  |  |  | | |
|  |  |  |  |  |  | |  |  |  |  |  | | |  |
|  | Chinese | |  |  | Irish Traveller | | |  |  |  |  | | |  |
|  |  |  |  |  |  | |  |  |  |  |  | | | |
|  | Black African | |  |  | Black Caribbean | | |  |  |  |  | | | |
|  |  | |  |  |  | | |  |  |  |  | | | |
|  | Prefer not to answer | | |  |  | | |  |  |  |  | | | |
|  |  | | | | |  | | | |  |  | | |  |
|  | Black other, please specify | | | | |  | | | |  |  | | |  |
|  |  | | | | |  | | | |  |  | | |  |
|  | Mixed ethnic group, please | | | | |  | | | |  |  | | |  |
|  | specify | | | | |  | | | |  |  | | |  |
|  | Other, please specify | | | | |  | | | |  |  | | |  |
| Please state your nationality or citizenship (for example, British, Irish, Polish): | | | | | | | | | |  | Nation | | |  |
|  | | | | | | | | | |  |  | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **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: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sexual orientation:** | | | | | |
| **What best describes your sexual orientation?** | | | | | |
|  |  |  |  |  | |
| Bi |  |  |  | Orientation |  |
|  |  |  |  |  | |
| Gay/lesbian |  |  |  |  |  |
|  |  |  |  |  | |
| Heterosexual/straight |  |  |  |  | |
|  |  |  |  |  | |
| Prefer not to say |  |  |  |  | |
|  |  |  |  |  | |
| 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 |  |  |  | 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. | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Religious belief or tradition:** |  |  | | | |  | |
| Please specify your religious belief, for example, Christian, Hindu, Muslim: |  | | | |  | Religious belief |  |
|  |  |  | | | |  |  |
| No religious belief |  |  |  |  | |  | |
|  |  |  | | | |  | |
| Not disclosed |  |  |  |  | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: |  |  | | | | | | |  | | |  | |

1. Large and complex organisation is defined as one with at least 250 staff or an annual budget of at least £25 million and involving a high degree of coordination with a range of internal and external staff. [↑](#footnote-ref-1)