|  |  |
| --- | --- |
| HR reference | 0000001254/ |

**Belfast City Council**

Application for appointment as:

**Capital Grants Accountant (PO4)**

**One permanent, full time post**

**(This permanent post is being internally trawled as a result of the council’s ongoing programme of re-organisation and change. Applicants must be current Belfast City Council employees as at Wednesday, 27 October 2021 and throughout the selection process to be eligible to apply. Agency assignees and casual workers, who are not council employees, are ineligible to apply.)**

**Directorate Support Section**

**Physical Programmes Department**

|  |  |
| --- | --- |
| Name of Applicant: |  |
| Address: |  |
| The closing date for applications is **4pm on Wednesday, 27 October 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.** | |

|  |
| --- |
| **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 on a permanent or temporary basis and may be working full-time, part-time or job-share hours.**  Please indicate below whether you would be interested in a permanent, or temporary (including fixed term) posts working full-time, part-time or job-share hours by ticking the appropriate boxes.  **If you are interested in permanent, temporary, full-time, part-time and, or job share positions please tick (🗸) all ofthe relevant boxes below:**  **Contract type:**  **Permanent Temporary**  **Hours of work:**  **Full-time Part-time Job share**  You can apply for all positions and, if appointed to the reserve list, you will be considered for permanent and temporary vacancies and for full-time, part-time and, or job share hours.  If you apply for all positions, you can accept an offer of temporary employment without giving up your right to be considered for a permanent post. Similarly, 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 are applying for a permanent position only and a temporary position becomes available, we will not offer you this temporary post.** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Personal details** | | | | | | |
| Are you currently employed by 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 |  |
| If yes, please enter your staff number: | | |  | | | |
| Are you a current agency assignee or casual worker with Belfast City Council?  **(Please note:** agency assignees and 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: |  | | | | |
|  |  |  | | | | |
| **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.** | **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 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) | **Current membership of professional bodies: Applicants must, as at the closing date for receipt of application forms, be a qualified accountant and 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 membership below:** | | | | | | | |
|  | | | | | | |  | |
| Title of professional body | | | Type / grade of membership | | | Membership number | Date of expiry | |
|  | | |  | | |  |  | |
|  |  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| (d) | **Current position held:** | | |
|  |  | | |
| Current Job Title: | | Grade: | Date appointed: |
|  | |  |  |

|  |  |
| --- | --- |
| **Section 3: Experience** | |
| **5.** |  |

|  |
| --- |
| **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.**  Applicants **must**, as at the closing date for application forms, be able to demonstrate on the application form, by providing personal and specific examples, at least one year’s relevant experience, in a large and complex organisation[[1]](#footnote-1), in each of the following three areas;   1. preparing, analysing, coordinating and presenting relevant information for the management of capital and revenue projects; 2. providing financial project information and advice to senior managers and key stakeholders; and 3. developing systems to assist in the production, analysis and presentation of financial, project and performance 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 applications, are able to demonstrate on the application form, by providing personal and specific examples, at least two years’ relevant experience in eachof the above noted three areas.  In boxes (a) to (c), 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 the information you have prepared, analysed, co-ordinated and presented for the management of capital and revenue projects; the steps that you took to prepare, analyse, coordinate and present this information including any tools that you used to assist you with this; how this information was used for the management of capital and revenue projects, the large and complex organisation in which you gained this experience including the number of staff, the annual budget and the range of internal and external staff that you dealt with, 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 type of financial project information and advice that you have provided; the senior managers and key stakeholders to whom you provided this information and advice; how frequently you provided this advice, the large and complex organisation in which you gained this experience including the number of staff, the annual budget and the range of internal and external staff that you dealt with, 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 financial systems that you have developed; the steps that you took to develop these systems; how these systems assisted with the production, analysis and presentation of financial, project and performance information, the large and complex organisation in which you gained this experience including the number of staff, the annual budget and the range of internal and external staff that you dealt with, etc. |

|  |  |
| --- | --- |
| **5a)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least one year’s relevant experience, in a large and complex organisation, of preparing, analysing, coordinating and presenting relevant information for the management of capital and revenue projects.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least two years’ relevant experience in this area).**  Continuation sheets must not be used |

|  |  |
| --- | --- |
| **5b)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least one year’s relevant experience, in a large and complex organisation, of providing financial project information and advice to senior managers and key stakeholders.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least two years’ relevant experience in this area).**  Continuation sheets must not be used |

|  |  |
| --- | --- |
| **5c)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least one year’s relevant experience, in a large and complex organisation, of developing systems to assist in the production, analysis and presentation of financial, project and performance information.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least two years’ relevant experience in this area).**  Continuation sheets must not be used |

|  |  |  |
| --- | --- | --- |
| **Equal opportunity monitoring form** | | |
|  | HR Reference number: | 0000001254/ |
| 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 |  |
| How do you define your gender? | | | | | | | | | | | |
| Male |  |  |  | Female |  |  | Prefer not to answer | |  | |  |  |  |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |
| I use another term (for example, Intersex, non-binary), please specific: | | | | | | | | |  | |  |  |  |
|  | | | | | | | | | |  | |  |  |
|  | | | | | | | | | | |  |  |  |
|  | | | | | | | | | | |  |  |  |
| **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. | | | | | | | | | | |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family status:** | Married |  | |  |  | Single |  |  |  |  | Status |  |
|  |  |  | |  |  |  |  |  |  |  |  |  |
|  | Divorced |  | |  |  | Separated |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Widowed |  |  | |  |  |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Cohabitant | | | |  | Same sex marriage | | |  |  |  |  |
|  |  | | | |  |  | | |  |  |  |  |
|  | 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 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 |  |  |  | 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 |  |  |  |  | |  | |

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)