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| HR reference | 0000000852/ |

**Belfast City Council**

Application for appointment as:

**Dog Warden Supervisor (Job share) (SO2)**

**‘Temporary cover’ post until 2 September 2021, subject to review**

**(Applicants must be current Belfast City Council employees or agency assignees as at**

**Thursday, 22 October 2020 and throughout the selection process)**

**Cleansing Services Section**

**City and Neighbourhood Services Department**

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| Name of Applicant: |  |
| Address: |  |
| The closing date for applications is **4pm on Thursday, 22 October 2020**.  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: |  | | | | |
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| **2.** | **Contact details** | | | | | |
| (a) | Work telephone number: |  | | | | |
|  |  |  | | | | |
| (b) | Mobile number: |  | | | | |
|  |  |  | | | | |
| (c) | Preferred contact number: |  | | | | |
|  |  |  | | | | |
| (d) | Email address: |  | | | | |
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| (e) | Address 1: |  | | | | |
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| (f) | Address 2: |  | | | | |
|  |  |  | | | | |
| (g) | Town: |  | | | | |
|  |  |  | | | | |
| (h) | County: |  | | | | |
|  |  |  | | | | |
| (i) | Postcode: |  | | | | |
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| **3.** | **Other information** | | | | | |
|  | National insurance number: |  | | | | |
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| 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. | | | | |
|  | **If applicable, applicants must, as at the closing date for receipt of application forms, have a third level qualification in a relevant subject such as Animal Management, Business Studies, Environmental Health, or equivalent qualification. Please detail your relevant qualification 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: | | | | | | | |
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| (c) | **Current position held:** | | | | | | |
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| 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;   1. have a third level qualification in a relevant subject such as Animal Management, Business Studies, Environmental Health, or equivalent **and** be able to demonstrate on the application form, by providing personal and specific examples, that they have at least one year’s relevant experience of supervising in the field of regulatory dog control, or similar regulatory enforcement requiring a knowledge of criminal procedures and investigations;   **or**  be able to demonstrate on the application form, by providing personal and specific examples, that they have at least two years’ relevant experience of supervising in the field of regulatory dog control, or similar regulatory enforcement requiring a knowledge of criminal procedures and investigations.  **Short-listing criteria**  In addition to the above qualifications and,or experience, Belfast City Council reserves the right to shortlist only those applicants who, as at the closing date for receipt of applications:   1. in the first instance, can demonstrate on the application form, by providing personal and specific   examples that they have relevant experience of enforcement; and   * in the second instance, can demonstrate that they have a third level qualification in a relevant subject such as Animal Management, Business Studies, Environmental Health, or equivalent, **and** at least two years’ relevant experience (as detailed above) of supervising in the field of regulatory dog control, or similar regulatory enforcement requiring a knowledge of criminal procedures and investigations;   **or**  at least three years’ relevant experience (as detailed above) of supervising in the field of regulatory dog control, or similar regulatory enforcement requiring a knowledge of criminal procedures and investigations.  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. However, please also be advised that, given the business need for the postholder to respond to and attend incidents and call outs, the ‘reasonableness’ of this adjustment will be thoroughly considered prior to any appointment being made.  **In box (b), please provide the following detail:**  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 title; your duties and responsibilities; the type of supervisory experience you have; the range and types of staff you have supervised; what work you have monitored and allocated; how you have monitored and allocated this work; the range of issues you have dealt with; what your work in the field of dog control or similar regulatory enforcement entailed; how this work required a knowledge of criminal procedures and investigations; how you overcame any problems; who you liaised with while solving these problems, etc.  **If applicable, please provide the following detail in box (c):**  You must clearly detail your job title; your duties and responsibilities; where you gained this experience; the range of issues you had to enforce; the range of legislation you had to apply; who you liaised with while carrying out your enforcement duties, etc. | | | | | | | | | | | |

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| **(b)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least one year’s or two years’ relevant experience (as outlined in the employee specification) of supervising in the field of regulatory dog control, or similar regulatory enforcement requiring a knowledge of criminal procedures and investigations.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who, in the second instance, can demonstrate at least two years’ or three years’ experience in this area)**  Continuation sheets must not be used |

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| **(c)** | **If applicable, applicants must demonstrate here, by providing personal and specific examples, that they have relevant experience of enforcement.**  Continuation sheets must not be used |

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| **Equal opportunity monitoring form** | | |
|  | HR Reference number: | 0000000852/ |
| 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:** |

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| **Date of birth:** |  |  | Dob |  |

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| **Gender:** | Male |  |  | Female |  |  | Gender |  |

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| **Family status:** | Married |  | |  |  | Single |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  | Status |  |
|  | Divorced |  | |  |  | Separated |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Widowed |  |  | |  | Cohabitant |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Civil partnership | | | |  | Dissolved civil partnership | | |  |  |  |  |
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|  | Other, please specify | | | | |  | | | |  |  |  |

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| **Ethnic origins:** | White | |  |  | Indian | | |  |  |  |  |  | |
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|  | Pakistani | |  |  | Bangladeshi | | |  |  |  | Ethnic origin | | |
|  |  |  |  |  |  | |  |  |  |  |  | |  |
|  | Chinese | |  |  | Irish Traveller | | |  |  |  |  | |  |
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|  | Black African | |  |  | Black Caribbean | | |  |  |  |  | | |
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|  | Black other, please specify | | | | |  | | | |  |  | |  |
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|  | Mixed ethnic group, please | | | | |  | | | |  |  | |  |
|  | specify | | | | |  | | | |  |  | |  |
|  | Other, please specify | | | | |  | | | |  |  | |  |

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| 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 he or she has “a physical or mental impairment which has a substantial and long-term adverse effect on his or her 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 |  |  | Disability |  |
|  | | | | | | | | | |  |  |
| If yes, please state nature of disability: |  | | | | | | | |  |  | |
|  | | | | | | | | | |  | |
| If no, have you ever had a disability? | |  | Yes |  |  | No | |  |  | History |  |

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|  | | | | | | | | | | | | | | | | | | | | | | | **Official use only:** | |
| **Persons with and without dependants:** | | | | | | | | | | | | | | | | | | | | | | |  | |
| Have you any caring responsibility? | | | | | | | | | | | |  | Yes |  |  | | No | | |  | |  | Dependants | |
|  | | |  | | |  | |  | |  | | | |  | |  | |  | | | | |  |  |
|  | Children |  | |  | Relative | |  | |  | | A person with a disability | | | | | | | |  | |  | |  |  |
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|  | | | Other, 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 |  |  |  |  | |

**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, please specify |  | | | |  | Religious belief | |
|  |  |  | | | |  |  |
| No religious belief |  |  |  |  | |  | |
|  |  |  | | | |  | |
| Not disclosed |  |  |  |  | |  | |