|  |  |
| --- | --- |
| HR reference | 0000001248/ |

**Belfast City Council**

Application for appointment as:

**Payroll Advisor (Scale 6)**

**‘Temporary project’ post for 12 months, subject to review**

**(Applicants must be current Belfast City Council employees or agency assignees as at Tuesday, 26 October 2021 and throughout the selection process)**

**Payroll Services Section**

**Finance and Resources Department**

|  |  |
| --- | --- |
| Name of Applicant: |  |
| Address: |  |
| The closing date for applications is **4pm on Tuesday, 26 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** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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, Mx, 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. | | | | |
|  | **Please note, Belfast City Council reserves the right to shortlist, in the second instance, only those applicants who, as at the closing date for receipt of applications, have an NVQ Level 3 Payroll qualification or an equivalent relevant qualification. If applicable, 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 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.  **Essential criteria**  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, at least one year’s relevant experience in each of the following three areas:   1. dealing with and resolving of customer payroll enquiries and complaints; 2. collating and analysing payroll information using relevant payroll packages and IT systems; and 3. maintaining payroll records and best practice in relation to payroll matters.   **Short-listing criteria**  In addition to the above experience, Belfast City Council reserves the right to shortlist, 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, that they have at least two years’ relevant experience in each of the aforementioned areas; and * in the second instance, have an NVQ Level 3 Payroll qualification or an equivalent relevant qualification.   **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 the range of customer payroll enquiries and complaints that you have dealt with including your specific role in resolving these queries and complaints; the number of customers for which you have dealt with and resolved enquiries; how frequently you dealt with these queries and complaints, 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 payroll information you have collated and analysed and how you did this; the range of payroll packages you have used to collate and analyse this data; the IT systems that you used; the reports that you produced from these systems; who you reported payroll information to, 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 how you maintained payroll records and best practice in relation to payroll matters; the methods you used to do this; how you adopted best practice, etc. | | |

|  |  |
| --- | --- |
| **(a)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least one year’s relevant experience of dealing with and resolving of customer payroll enquiries and complaints.  **(Please note, Belfast City Council reserves the right to short-list, in the first instance, only those applicants who 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 collating and analysing payroll information using relevant payroll packages and IT systems.  **(Please note, Belfast City Council reserves the right to short-list, in the first instance, only those applicants who 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 maintaining payroll records and best practice in relation to payroll matters.  **(Please note, Belfast City Council reserves the right to short-list, in the first instance, 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: | 0000001248/ |
| 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 |  |  |  |  | |  | |