|  |  |
| --- | --- |
| HR reference | 0000000850/ |

**Belfast City Council**

Application for appointment as:

**Senior Business Administrator (Scale 6)**

**Temporary cover until 17 November 2021, subject to review**

**(Applicants must be current Belfast City Council employees or agency assignees as at Friday, 23 October 2020 and throughout the selection process)**

**Environmental Health Service**

**City and Neighbourhood Services Department**

|  |  |
| --- | --- |
| Name of Applicant: |  |
| Address: |  |
| The closing date for applications is **4pm on Friday, 23 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.** | |

|  |
| --- |
| **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, 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: current position held** | | | | |
| **4.**  (a) | **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 applications, be able to demonstrate on the application form, by providing personal and specific examples of at least one year’s relevant experience in the following areas:   1. the upkeep and manipulation of databases and other computerised systems; 2. dealing with and resolving of customer complaints and enquiries; and 3. managing staff on a daily basis as part of day-to-day duties, including delegation of tasks and coordinating staff development.   **Short-listing criteria**  In addition to the above experience, Belfast City Council reserves the right to short-list only those applicants who, as at the closing date for receipt of applications, can demonstrate two year’s relevant experience in the three areas outlined above (a) to (c).  **In boxes (a), (b) and (c) please outline 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 experience maintaining and manipulating databases, what was the purpose of these databases, how did you ensure there upkeep, examples of the other computerised systems you maintained and how did you do this, 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 examples of the types of complaints and enquiries you received, how did you respond or resolve these whilst ensuring good customer care skills, 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 your experience managing staff, how many members of staff were you responsible for, how did you ensure tasks were delegated fairly across staff, how did you monitor their workload, how did you coordinate staff development among your team, etc. | | |

|  |  |
| --- | --- |
| **(a)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have one year’s relevant experience of the upkeep and manipulation of databases and other computerised systems.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least two years’ experience in this area)**  Continuation sheets must not be used |

|  |  |
| --- | --- |
| **(b)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have one year’s relevant experience dealing with and resolving of customer complaints and enquiries.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least two years’ experience in this area)**  Continuation sheets must not be used |
| **(c)** | Applicants must demonstrate here, by providing personal and specific examples, that they have one year’s relevant experience of managing staff on a daily basis as part of day-to-day duties, including delegation of tasks and coordinating staff development.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least two years’ experience in this area)**  Continuation sheets must not be used |

|  |  |  |
| --- | --- | --- |
| **Equal opportunity monitoring form** | | |
|  | HR Reference number: | 0000000850/ |
| 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:** | Male |  |  | Female |  |  | Gender |  |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnic origins:** | White | |  |  | Indian | | |  |  |  |  |  | |
|  |  |  |  |  |  | |  |  |  |  |  |  | |
|  | Pakistani | |  |  | Bangladeshi | | |  |  |  | Ethnic origin | | |
|  |  |  |  |  |  | |  |  |  |  |  | |  |
|  | Chinese | |  |  | Irish Traveller | | |  |  |  |  | |  |
|  |  |  |  |  |  | |  |  |  |  |  | | |
|  | Black African | |  |  | Black Caribbean | | |  |  |  |  | | |
|  |  | | | | |  | | | |  |  | |  |
|  | 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 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 |  |

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

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