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| HR reference | 0000000854 / |

**Belfast City Council**

Application for appointment as:

**Project Support Officer – Customer Focus Programme (SO1)**

**‘Temporary project’ post until 31 March 2021, subject to review**

**(Applicants must be current Belfast City Council employees or agency assignees as at Friday, 30 October 2020 and throughout the selection process)**

**Customer Programme**

**Finance and Resources Department**

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| Name of Applicant: |  |
| Address: |  |
| The closing date for applications is **4pm on Friday, 30 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: |  | | | | |
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| (d) | Email address: |  | | | | |
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| (e) | Address 1: |  | | | | |
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| (f) | Address 2: |  | | | | |
|  |  |  | | | | |
| (g) | Town: |  | | | | |
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| (h) | County: |  | | | | |
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| (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. | | | | |
|  | **Belfast City Council reserves the right to shortlist only those applicants who, as at the closing date for receipt of application forms, in the second instance, have a third level qualification in a relevant subject such as Business Studies, Marketing, Communications or an equivalent qualification.**  **If applicable, 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 |
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| 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: Experience** | |
| **5.** |  |

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| **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 on the application form, by providing personal and specific examples, at least one year’s relevant experience in each of the following areas:   1. assisting in the design, implementation and successful delivery of projects, ensuring appropriate processes are in place to enable effective monitoring and reporting; 2. performance management and reporting of projects to senior management, highlighting issues and recommending service improvements; and 3. designing, updating and maintaining IT systems with an understanding of how to build digital capacity in a customer centric environment.   **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 application forms, in the first instance, can demonstrate by providing personal and specific examples on the application form, that they have at least two years’ relevant experience in each of the above-noted areas, (a – c).  **In boxes (a), (b) and (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 your experience of assisting in the design, implementation and delivery of projects, outlining how you assisted, what the projects were and how you measured their success. You must also detail the processes that you put in place, how these assisted with the monitoring and reporting of projects, who you reported to, 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 performance management duties you have undertaken and how you used this information to report on projects to senior management; how your effective performance management enabled you to highlight issues and recommend service improvements; the types of recommendations that you made; who the senior management was that you reported on projects 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 have contributed to the design, update and maintenance of IT systems; what the IT systems were; your duties in respect of the systems; the system benefits that you contributed to; your understanding of building digital capacity, preferably in a large organisation, and how digital capacity can be used beneficially in a customer centric environment, etc. |

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| **(a)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least one year’s relevant experience of assisting in the design, implementation and successful delivery of projects, ensuring appropriate processes are in place to enable effective monitoring and reporting.  **(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 |

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| **(b)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least one year’s relevant experience of performance management and reporting of projects to senior management, highlighting issues and recommending service improvements.  **(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 |

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| **(c)** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least one year’s relevant experience of designing, updating and maintaining IT systems with an understanding of how to build digital capacity in a customer centric environment.  **(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 |

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| **Equal opportunity monitoring form** | | |
|  | HR Reference number: | 0000000854 / |
| 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 |  |  |  |  |  |  |
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|  | 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 | | |
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|  | 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: |  | | | | | | | |  |  | |
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| If no, have you ever had a disability? | |  | Yes |  |  | No | |  |  | History |  |

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| **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 |  |  |  |  | |  | |