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| HR reference | 0000001961/ |

**Belfast City Council**

Application for appointment as:

**Contaminated Land Officer (PO3)**

**Temporary cover post for 12 months, subject to review**

**(Applicants must be current Belfast City Council employees or agency assignees as at Monday, 27 March 2023 and throughout the selection process)**

**Environmental Health Service**

**City and Neighbourhood Services Department**

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| Name of Applicant: |  |
| Address: |  |
| The closing date for applications is **4pm on Monday, 27 March 2023**.  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 we are unable to issue or receive any hard copy application forms either by post or hand delivered. All application forms must be emailed to** [**jobs@belfastcity.gov.uk**](mailto:jobs@belfastcity.gov.uk) | |

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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, 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: |  | | | | |
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| **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. | | | | | | | |

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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. | | | | |
|  | **Applicants must, as at the closing date for receipt of application forms, have a third level qualification in a relevant scientific discipline such as geology, chemistry or other relevant science based subject 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: | | | | | | | | |
|  | | | | | | | | |
| (c) | **Current position held:** | | | | | | |
|  |  | | | | | | |
| 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: |  |
|  | | | | | | | | | | | |
| **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**  **(b)** Applicants **must**, as the closing date for receipt of applications, have a third level qualification in a relevant scientific discipline such as geology, chemistry or other relevant science based subject or equivalent qualification **and** be able to demonstrate on the application form, by providing personal and specific examples, that they have at least two years’ relevant experience, gained within the workplace, of working with contaminated land. This must also include two years’ relevant experience in **at least three** of the following areas:   * 1. site investigation in accordance with UK standards;   2. human health risk assessment;   3. risk management of land contamination; and, or   4. interpreting or preparing scientific reports.   **Short-listing criteria**  In addition to the above qualifications and experience, Belfast City Council reserves the right to shortlist candidates, 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 three years’ relevant experience, gained within the workplace, of working with contaminated land. This must also include three years’ relevant experience **in at least** three of the aforementioned areas i) to iv); and * in the second instance, can demonstrate on the application form, by providing personal and specific examples, that they have at least three years’ relevant experience, gained within the workplace, of working with contaminated land. This must also include three years’ relevant experience in **all four** of the aforementioned areas i) to iv).   **In boxes (b) to (biv) please outline the following detail:**  (b) 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 relevant experience of working with contaminated land, where you gained this experience, what contaminated land you were working with; your specific role and what your duties involved, etc.  (bi) 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 your experience of working with contaminated land included carrying out site investigations, where and how you carried out these investigations, how you ensured these investigations met UK standards, etc.  (bii) 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 your experience of working with contaminated land involved carrying out human health risk assessments, how you carried out these risk assessments, the steps that you took in carrying these out, your duties and responsibilities in relation to this, etc.  (biii) 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 your experience of working with contaminated land included managing the risks of land contamination, how you managed these risks, the steps that you took to manage these risks, your duties and responsibilities in relation to this, etc.  (biv) 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 your experience of working with contaminated land included interpreting or preparing scientific reports, the steps that you took to interpret these, the steps that you took to prepare these reports, any tools or systems that you used to assist you in interpreting or preparing these reports, the purpose of these reports, etc. | | | | | | | | | | | | |

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| **5b.** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least two years’ relevant experience, gained within the workplace, of working with contaminated land.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least three years’ relevant experience in this area)**  Continuation sheets must not be used |

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| **5bi.** | If applicable, please demonstrate in this box, by providing personal and specific examples, that your relevant experience, gained in the workplace, of working with contaminated land includes at least two years’ relevant experience of site investigation as per UK standards.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least three years’ relevant experience in this area)**  Continuation sheets must not be used |

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| **5bii.** | If applicable, please demonstrate in this box, by providing personal and specific examples, that your relevant experience, gained in the workplace, of working with contaminated land includes at least two years’ relevant experience of human health risk assessment.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least three years’ relevant experience in this area)**  Continuation sheets must not be used |

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| **5biii.** | If applicable, please demonstrate in this box, by providing personal and specific examples, that your relevant experience, gained in the workplace, of working with contaminated land includes at least two years’ relevant experience of risk management of land contamination.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least three years’ relevant experience in this area)**  Continuation sheets must not be used |

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| **5biv.** | If applicable, please demonstrate in this box, by providing personal and specific examples, that your relevant experience, gained in the workplace, of working with contaminated land includes at least two years’ relevant experience of interpreting or preparing scientific reports.  **(Please note, Belfast City Council reserves the right to short-list only those applicants who can demonstrate at least three years’ relevant experience in this area)**  Continuation sheets must not be used |

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| **Equal opportunity monitoring form** | | |
|  | HR Reference number: | 0000001961/ |
| 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:** | |
| **Date of birth:** |  |  | Dob |  |

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| **Gender Identity:** | | | | | | | | | | | | Gender Identity |  |
| How do you define your gender? | | | | | | | | | | | |
| Male |  |  |  | Female |  |  | Prefer not to answer | |  | |  |  |  |
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| I use another term (for example, Intersex, non-binary), please specify: | | | | | | | | |  | |  |  |  |
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| **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. | | | | | | | | | | |  |  |  |

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| **Family status:** | Married |  | |  |  | Single |  |  |  |  | Status |  |
|  |  |  | |  |  |  |  |  |  |  |  |  |
|  | Divorced |  | |  |  | Separated |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Widowed |  |  | |  |  |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Cohabitant | | | |  |  | | |  |  |  |  |
|  |  | | | |  |  | | |  |  |  |  |
|  | Civil partnership | | | |  | Dissolved civil partnership | | |  |  |  |  |
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|  | Prefer not to answer | | | |  |  | | |  |  |  |  |
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|  | Other, please specify | | | | |  | | | |  |  |  |

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| **Ethnic origins:** | White | |  |  | Indian | | |  |  |  | | Ethnic origin | | | |
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|  | Pakistani | |  |  | Bangladeshi | | |  |  |  | |  |  | | |
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|  | Chinese | |  |  | Irish Traveller | | |  |  |  | |  | | |  |
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|  | Black African | |  |  | Black Caribbean | | |  |  |  | |  | | | |
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|  | Prefer not to answer | | |  |  | | |  |  |  | |  | | | |
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|  | Black other, please specify | | | | |  | | | |  | |  | | |  |
|  |  | | | | |  | | | |  | |  | | |  |
|  | Mixed ethnic group, please | | | | |  | | | |  | |  | | |  |
|  | specify | | | | |  | | | |  | |  | | |  |
|  | Other, please specify | | | | |  | | | |  | |  | | |  |
| 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 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 |  |
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|  |  | Prefer not to answer | | | | | |  |  |  |  |
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| 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: | | | | | | | | |  |  |  |
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| 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. | | | | | | | | |  |  |  |
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| In addition, if you are aware of any adjustments that you will require, should you be successful in obtaining the job, please outline them: | | | | | | | | |  |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | **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 | | | | | | | |  | |  | |  |  |
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|  | | Prefer not to answer | | | | |  | | |  | | | | | | | | | | | | | | | | |  |  |
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|  | | Other, please specify: | | | | | |  | | | | | | | | | | | | | | | | |  | |  |  |

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| **Sexual orientation:** | | | | | |
| **What best describes your sexual orientation?** | | | | | |
|  |  |  |  |  | |
| Bi |  |  |  | Orientation |  |
|  |  |  |  |  | |
| Gay/lesbian |  |  |  |  |  |
|  |  |  |  |  | |
| Heterosexual/straight |  |  |  |  | |
|  |  |  |  |  | |
| Prefer not to answer |  |  |  |  | |
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| I use another term, 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 |  |  |  |  | |
|  |  |  |  |  | |
| 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. | | | | | |

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| **Religious belief or tradition:** |  |  | | | |  | |
| Please specify your religious belief, for example, Christian, Hindu, Muslim: |  | | | |  | Religious belief |  |
|  |  |  | | | |  |  |
| No religious belief |  |  |  |  | |  | |
|  |  |  | | | |  | |
| Not disclosed |  |  |  |  | |  | |