



For Office use only	HR Ref No	
	Candidate ID	

Application for appointment as:

Section		Department	
Closing date for applications			



Completing this form

Please complete your application using the most up to date version of Adobe Reader. Please only use the space as shown on the application form for your answers.

Applicant details

Name	Address

How to submit your form:

	
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Do you have a disability?

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**

Equal opportunities

Belfast City Council is an equal opportunities employer and welcomes 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

If yes, please enter your staff number:

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) Forename(s):

(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

3. Qualifications

(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.)

(c) Current membership of professional bodies:

Title of professional body	Type / grade of membership	Membership number	Date of expiry

(d) Current position held:

Current Job Title:	Grade:	Date appointed:



	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you have answered yes to the above question, please also provide details of your driving licence:

Licence number:		Start date:		Expiry date:	
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By providing this information, you are consenting to Belfast City Council verifying your licence details with the Driver and Vehicle Agency (NI).

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Equal opportunity monitoring form

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

Date of birth:

Gender Identity:

How do you define your gender?

Male Female Prefer not to answer

I use another term (for example Intersex, non- binary), please specify:

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

Divorced

Separated

Widowed

Same sex marriage

Cohabitant

Civil partnership

Dissolved civil partnership

Prefer not to answer

Other, please specify:

Ethnic origins:

White

Indian

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):

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 a disability?

Yes No Prefer not to answer

If yes, please state nature of disability:

If no, have you ever had a disability? Yes No 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:

Persons with and without dependants:

Do you look after or are responsible for caring for anyone? Yes No

If yes, please tick the relevant box 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
- 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
- I am a member of the Roman Catholic community
- 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:

- No religious belief
- Not disclosed

Additional information:

To monitor the effectiveness of our advertising, please indicate where you saw this job advertised:

- | | | |
|---|---|--|
| <input type="checkbox"/> Belfast Telegraph | <input type="checkbox"/> Irish News | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Sunday Life | <input type="checkbox"/> Specialist journal | <input type="checkbox"/> LinkedIn |
| <input type="checkbox"/> Council trawl | <input type="checkbox"/> Council website | <input type="checkbox"/> Nijobfinder.co.uk |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Twitter | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Department of Learning,
Jobs and Benefits | <input type="checkbox"/> Localgovernmentjobsni.gov.uk | <input type="checkbox"/> |

- Other, please state where: