| | HR Ref No | |
|-----------------|--------------|--|
| Office use only | 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**

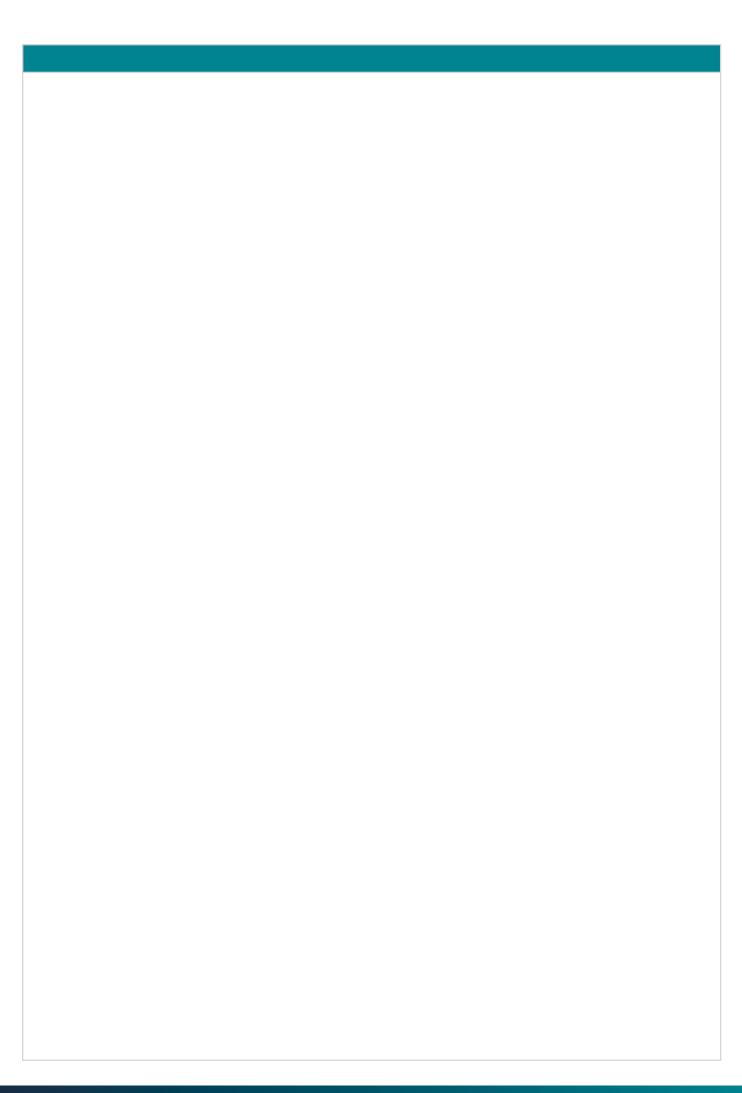
Equal opportunities

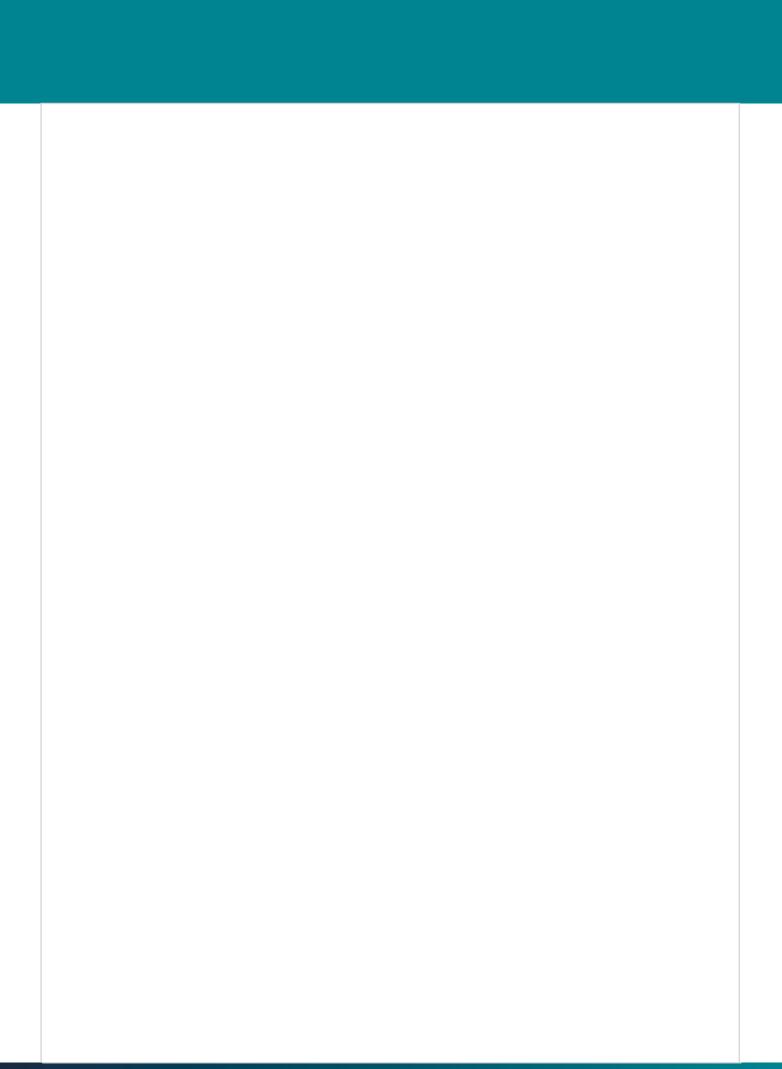
Belfast City Council is an equal opportunities employer and welcomes applications from all sections of the community.

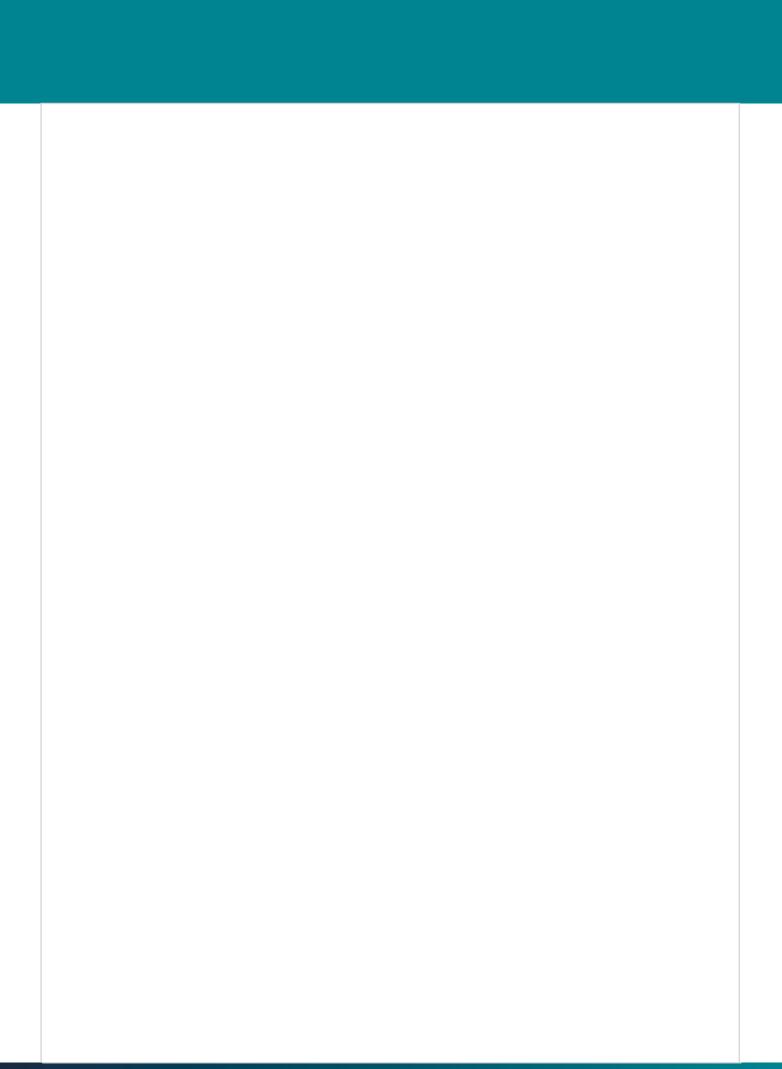
| Section 1: Personal de | tails | | | | | |
|---|---|--------------------|------|---|--|--|
| | ou currently employed by or an agency assignee of Belfast City Council? u only work within Belfast City Council on a casual basis please mark your answer as ee below]) | | | | | |
| | casual worker with Belfast City Council? al workers are ineligible for this post.) | | | | | |
| 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 misleading information, if proved dismissal from the service of the | may result in no further ac | | | , | | |
| Signed | | | Date | | | |

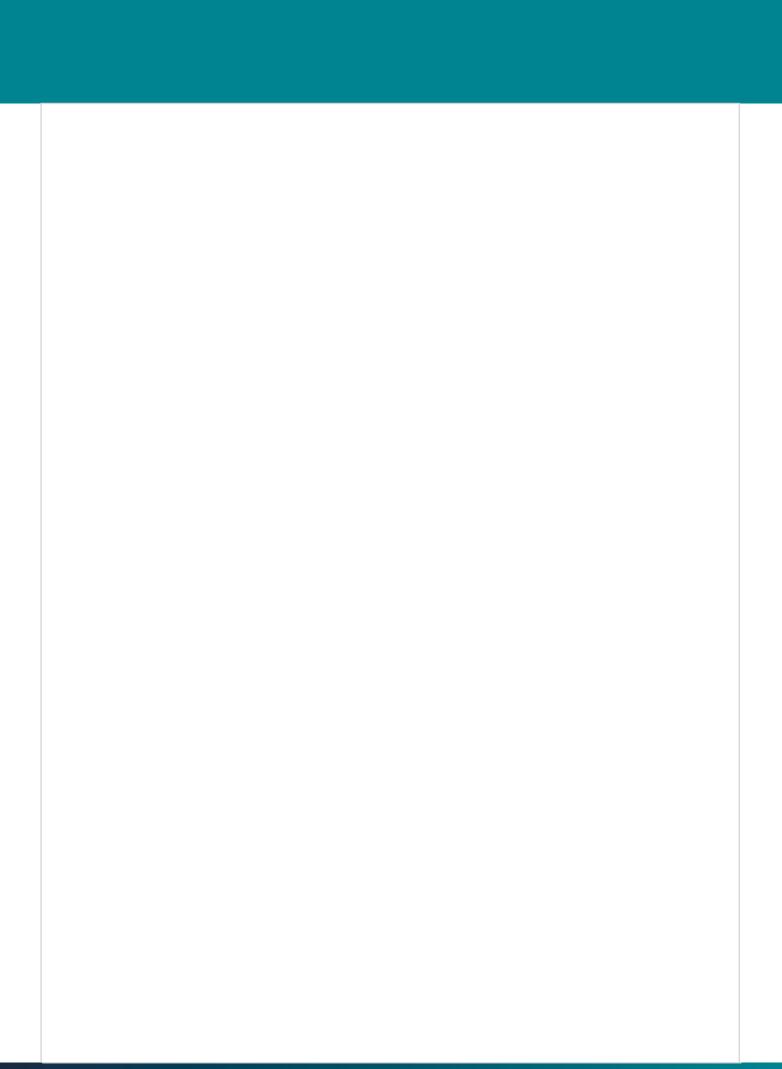
| Section 2: Qualifications and current position held | | | | | | |
|---|-------------------------------------|--|---|----------------------|------------------------|----------|
| 3.Qualifications | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (b) If you are applying for a post on the specification but which you consider t demonstrate how you feel it is equivale provide any further information which (The selection panel will make the final decise) | o be equivent in tern you feel s | valent, please li ns of level, brea supports your ca | st the main topi dth, depth and a se. | ics and n content | nodules l etc. Plea | below to |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (c) Current membership of professions | al bodies: | | | | | |
| (c) ourrent membership of professions | ar bodies. | | | | | |
| Title of professional body | Type / gr | | Membership n | umber | Date of | expiry |
| | | | | | | |
| | | | | | | |
| (d) Current position held: | | | | | | |
| Current Job Title: | | Grade: | | Date ap | pointed: | |
| | | | | | | |

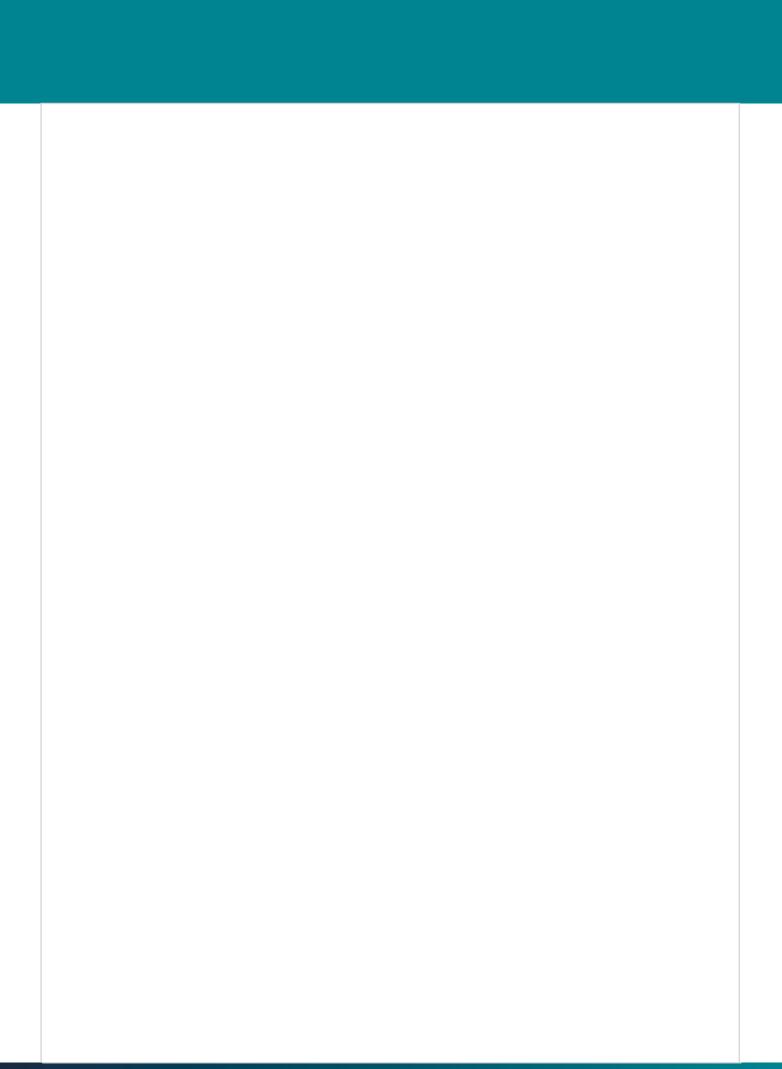
| | | | | | ☐ Yes | □ No |
|--|-------------------------|-----------------|-----------------------------|---------------|------------|----------|
| If you have answe | red yes to the above qu | uestion, pleas | e also provide details of | f your drivin | ng licence | • |
| Licence number: | | Start date: | | Expiry dat | te: | |
| By providing this in Driver and Vehicle | | senting to Belf | fast City Council verifying | g your licenc | ce details | with the |











| For Office use only | |
|---------------------|--|
| HR Reference No | |
| Candidate ID | |



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 answ I use another term (for example Intersex, r | |
| | |
| were assigned at birth. Trans people may describe thems gender-queer (GQ), gender-fluid, non-binary, crossdress transgender people. | ple whose gender is not the same as, nor does it sit comfortably with, the sex they selves using one or more of a wide variety of terms e.g. transgender, transsexual, er, genderless. The use of trans as an umbrella term may not be acceptable to all 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 | Black other, please specify: |
| ☐ Bangladeshi ☐ Chinese ☐ Irish Traveller ☐ Black African | Mixed ethnic group, please specify: |
| ☐ Black Caribbean ☐ Prefer not to answer Please state your nationality or citizenship | Other, please specify: |
| (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: Belfast Telegraph |