|  |  |
| --- | --- |
| HR reference | 0000001079/ |

**Belfast City Council**

Application for appointment as:

**Health and Safety Advisor (Fire) (PO2) (Job share)**

**Corporate Health and Safety Unit**

**Legal and Civic Services Department**

|  |  |
| --- | --- |
| Name of Applicant: |  |
| Address: |  |
| The closing date for applications is **4pm on Monday, 21 June 2021**.  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** |

In addition to filling the immediate job-share vacancy, we also intend to create a reserve list of successful applicants, in strict order of merit based on performance at interview. We anticipate that this list will last for 12 months, or until it is exhausted, whichever is sooner.

Therefore, should a similar post to the immediate vacancy become available within this time we may offer it to those on the reserve list, in order of merit, without further interview.

**These posts may be either on a permanent, temporary or fixed term basis and may be working part-time or job-share hours.**

Please indicate below whether you would be interested in a permanent or temporary (including fixed term) post working part-time or job-share hours by ticking the appropriate box.

**If you are interested in permanent, temporary (including fixed term), part-time and, or job-share positions, please tick** *(*🗸*)* **all the relevantboxes.**

**Contract type:**

**Permanent Temporary**

**(including fixed term)**

**Hours of work:**

**Part-time Job-share**

You can apply for all positions and, if appointed to the reserve list, you will be considered for permanent and temporary (including fixed term) vacancies and for full-time, part-time and job-share hours.

If you apply for all positions, you can accept an offer of temporary employment without giving up your right to be considered for a permanent post. Similarly, you can accept a post working part-time hours without giving up your right to be offered a post working job-share hours.

**It is important to note: If you are placed on the reserve list, you will only be offered vacant posts on the basis of the information you have provided above. For example, if you have ticked that you are applying for a permanent position only and a temporary position becomes available, we will not offer you this temporary post. Similarly, if you have ticked that you wish to be considered for part-time hours only and a job-share post becomes available, we will not offer you this job-share post.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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: |  | | | | |
| **Section 2: Qualifications** | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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 applications,** **have a NEBOSH National General Certificate in Occupational Health and Safety (level 3), or an equivalent health and safety qualification.**  **Please detail your relevant qualifications below:** | | | | | | Year: | | Examining body / University / College: | Level of qualification: | Subject: | Grade or mark: | |  | |  |  |  |  | |  | |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | (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 membership of professional bodies:**  **Applicants must, as at the closing date for receipt of application forms have current membership of a relevant professional body (as recommended by the Fire Risk Assessor Competency Council) e.g. the Institution of Fire Engineers (IFE) or Institute of Fire Prevention Officers (IFPO) or an equivalent relevant membership. Please detail your relevant membership below:** | | | | | | | | |  | | | | | | |  | | | | Title of professional body | | | Type / grade of membership | | | Membership number | Date of expiry | | | |  | | |  | | |  |  | | | | | | | | | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 2: Employment history** | | | | | | |
| **.**  (d) | Details of current employment and current position held: | | | | | |
|  |  | | | | | |
| Name and address of current employer (if any): | | | Exact date employment commenced (dd/mm/yyyy): | Position held with current employer: | | Salary: |
|  | | |  |  | |  |
|  |  | | | | | |
| (e) | Details of previous employment and positions held: | | | | | |
|  |  | | | | | |
| Name and address of previous employer(s): | | From:  (dd/mm/yyyy) | | To:  (dd/mm/yyyy) | Position(s) held: | Salary: |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: |  |
|  | | | | | | | | | | | |
| **By providing this information, you are consenting to Belfast City Council verifying your licence details with the Driver and Vehicle Agency (NI).** | | | | | | | | | | | |
| **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 at the closing date for receipt of application forms:

* be able to demonstrate, by providing personal and specific examples on the application form, at least one year’s relevant experience in a health, safety and fire role, in each of the following three areas:

1. providing advice on the application of fire safety legislation and best practice standards, and conducting fire risk assessments across a range of premises, such as offices, large places of assembly, workshops and heritage buildings;
2. providing advice on the application of health and safety legislation and best practice standards and conducting health and safety inspections, audits and accident investigations; and
3. preparing and delivering fire safety and evacuation training courses.

**Shortlisting criteria**

In addition to the above qualification, membership and experience, Belfast City Council reserves the right to shortlist only those applicants who, as at the closing date for receipt of application forms, can demonstrate by providing personal and specific examples on the application form, at least two years’ relevant experience in a health, safety and fire role, in each of the above noted three areas.

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. However, please be advised that, given the business need for the postholder to conduct fire risk assessments and health and safety audits and inspections at all council locations, the ‘reasonableness’ of this adjustment will be thoroughly considered prior to any appointment being made.

**In boxes i. to iii. below, please provide the following detail:**

i. You must clearly state the start and end dates of your relevant experience, including the number of years’ experience you have in this area within a health, safety and fire role; please outline your relevant role and give details of who you advised, the fire safety legislation you referred to, how you did this, how you ensured best practice standards were upheld, how you conducted fire risk assessments and for whom, the range of premises you conducted risk assessments on, etc.

ii. You must clearly state the start and end dates of your relevant experience, including the number of years’ experience you have in this area within a health, safety and fire role; please outline your relevant role and give details of the advice you provided in terms of application of health and safety legislation and best practice standards you upheld, the range of legislation and best practice that you advised on, the health and safety inspections you conducted and how you conducted them, the audits and accident investigations you conducted and how you conducted them, etc.

iii. You must clearly state the start and end dates of your relevant experience, including the number of years’ experience you have in this area within a health, safety and fire role; please outline your relevant role and give details of the fire safety evacuation training courses you prepared and delivered, how you did this, any tools you used to assist you in planning and delivering training, who you delivered this training to, the size of groups that you trained, the purpose, benefits and outcome of this training, etc.

|  |  |
| --- | --- |
| **5bi.** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least one year’s relevant experience in a health, safety and fire role, of providing advice on the application of fire safety legislation and best practice standards, and conducting fire risk assessments across a range of premises, such as offices, large places of assembly, workshops and heritage buildings.  **(Please note, Belfast City Council reserves the right to short-list in the second instance only those applicants who can demonstrate at least two years’ relevant experience in this area)**  Continuation sheets must not be used |

|  |  |
| --- | --- |
| **5bii** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least one year’s relevant experience in a health, safety and fire role of providing advice on the application of health and safety legislation and best practice standards and conducting health and safety inspections, audits and accident investigations.  **(Please note, Belfast City Council reserves the right to short-list in the second instance only those applicants who can demonstrate at least two years’ relevant experience in this area)**  Continuation sheets must not be used |
| **5biii** | Applicants **must** demonstrate here, by providing personal and specific examples, that they have at least one year’s relevant experience in a health, safety and fire role of preparing and delivering fire safety and evacuation training courses.  **(Please note, Belfast City Council reserves the right to short-list in the second instance only those applicants who can demonstrate at least two years’ relevant experience in this area)**  Continuation sheets must not be used |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 4: Other information** | | | |
|  | | | |
| **6.** | Notice required to terminate present position: | |  |
|  |  | |  |
| **7.** | If you are not currently employed by Belfast City Council, please provide the required information of two persons not related to you, to whom references may be sent. Both of your referees must be either your current or previous employers (if applicable). Both should be able to comment on your ability to carry out the particular tasks of the job. If you do not wish us to contact your present employer, please provide your most recent previous employer. | | |
|  |  | | |
| **1.** | Current or previous employer (if any) | | |
|  |  |  | |
|  | Name: |  | |
|  |  |  | |
|  | Job title: |  | |
|  |  |  | |
|  | Name of organisation: |  | |
|  |  |  | |
|  | Address (including post code): |  | |
|  |  |  | |
|  | Contact telephone: |  | |
|  |  |  | |
|  | Email address: |  | |
|  |  |  | |
| **2.** | Other employer referee (or character reference if applicable): | | |
|  |  |  | |
|  | Name: |  | |
|  |  |  | |
|  | Job title (if applicable): |  | |
|  |  |  | |
|  | Name of organisation (if applicable): |  | |
|  |  |  | |
|  | Address (including post code): |  | |
|  |  |  | |
|  | Contact telephone: |  | |
|  |  |  | |
|  | Email address: |  | |

|  |
| --- |
| I certify that the above information is correct and 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: |  |  |

|  |  |  |
| --- | --- | --- |
| **Equal opportunity monitoring form** | | |
|  | HR Reference number: | 0000001079/ |
| 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 Identity:** | | | | | | | | | | | | Gender Identity |  |
| How do you define your gender? | | | | | | | | | | | |
| Male |  |  |  | Female |  |  | Prefer not to answer | |  | |  |  |  |
|  |  |  |  |  |  |  |  |  |  | |  |  |  |
| I use another term (for example, Intersex, non-binary), please specific: | | | | | | | | |  | |  |  |  |
|  | | | | | | | | | |  | |  |  |
|  | | | | | | | | | | |  |  |  |
|  | | | | | | | | | | |  |  |  |
| **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 |  |  |  |  | Status |  |
|  |  |  | |  |  |  |  |  |  |  |  |  |
|  | Divorced |  | |  |  | Separated |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Widowed |  |  | |  |  |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Cohabitant | | | |  | Same sex marriage | | |  |  |  |  |
|  |  | | | |  |  | | |  |  |  |  |
|  | Civil partnership | | | |  | Dissolved civil partnership | | |  |  |  |  |
|  |  | | | |  |  | | |  |  |  |  |
|  | Prefer not to answer | | | |  |  | | |  |  |  |  |
|  |  | | | | | | | | |  |  |  |
|  | Other, please specify | | | | |  | | | |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnic origins:** | | | | | White | | | | | | |  | | | |  | | | | Indian | | | | | | | | | | |  | | | | |  | | | |  | | | | Ethnic origin | | | | | | |
|  | | | | |  | | | | |  | |  | | | |  | | | |  | | | | | | | | |  | |  | | | | |  | | | |  | | | |  | | |  | | | |
|  | | | | | 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): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Nation | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | |
| **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 | | | |  | | |
|  | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | |  |  | | | | | | |  | | |  | | | |  | | | |  | | |
|  | | | | | | | | | | | | | | | | | | |  | | | 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **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 | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | |  |
|  | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  |
|  | | | Prefer not to answer | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |
|  | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  |
|  | | | Other, please specify: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sexual orientation:** | | | | | |
| **What best describes your sexual orientation?** | | | | | |
|  |  |  |  |  | |
| Bi |  |  |  | Orientation |  |
|  |  |  |  |  | |
| 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 |  |  |  | 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. | | | | | |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Additional information:** | | | | | | | | | | | | |
| To monitor the effectiveness of our advertising, please indicate where you saw this job advertised: | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  | |  |  |  | |
| Belfast Telegraph |  |  |  | Irish News |  |  |  | Newsletter | |  |  | |
|  |  |  |  |  |  |  |  |  | |  |  |  | |
| Sunday Life |  |  |  | Specialist journal |  |  |  | LinkedIn | |  |  | |
|  |  |  |  |  |  |  |  |  | |  |  |  | |
| Council trawl |  |  |  | Council website |  |  |  | Nijobfinder.co.uk | |  |  | |
|  |  |  |  |  |  |  |  |  | |  |  |  | |
| Facebook |  |  |  | Twitter |  |  |  | Word of mouth | |  |  | |
|  |  |  |  |  |  |  |  |  | |  |  |  | |
| Department of Learning, |  |  |  | Executive search |  |  |  | Localgovernmentjobsni.gov.uk | |  |  | |
| Jobs and Benefits |  |  |  |  | |  |  |  | | | | |
|  |  |  |  |  |  | | | | | | |  | |
| Other, please state where: |  |  | | | | | | |  | | |  | |