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| HR reference | 0000002812/ |

**Belfast City Council**

Application for appointment as:

**OSS Supervisor (Grade 5)**

**(There is currently one permanent, job-share post. Applicants must be current Belfast City Council employees as at Thursday, 10 October 2024 and throughout the selection process to be eligible to apply. Agency assignees and casual workers, who are not council employees, are ineligible to apply).**

**Neighbourhood Services: Open Spaces and Streetscene Section**

**City and Neighbourhood Services Department**

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| Name of Applicant: |  |
| Address: |  |
| The closing date for applications is **4pm on Thursday, 10, October 2024**.  Completed application forms should be emailed to [jobs@belfastcity.gov.uk](mailto:jobs@belfastcity.gov.uk) and you will receive an automatic acknowledgement reply when your application has been received. If you don’t receive an automatic acknowledgement reply within 30 minutes, please email [jobs@belfastcity.gov.uk](mailto:jobs@belfastcity.gov.uk) again to query this and, or confirm receipt of your application form (office hours are normally Mon-Thurs 8.30am-5pm, Fri 8.30am-4.30pm). You must receive an automatic acknowledgement reply **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 email** [**jobs@belfastcity.gov.uk**](mailto:jobs@belfastcity.gov.uk) |
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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 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 or agency assignee with Belfast City Council?  **(Please note:** casual workers and agency assignees 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: |  | | | | |
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| **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. | | | | | | | |

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| Signed: |  |  |  | Date: |  |  |

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| **Section 2: Current position held** | | | | |
| **4.** |  | | |
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| Current Job Title: | | Grade: | Date appointed: |
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| **Section 3: Driving licence and experience** | | | | | | | | | | | |
| **5.** |  | | | | | | | | | | |
| **(a)** | Do you hold a full, current C1 category driving licence which enables you to drive in Northern Ireland? | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | 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: |  |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **(b)** | Do you possess a full, current Driver Certificate of Professional Competence (CPC) qualification? | | | | | | |  | Yes |  |  | No |  |  | |  |  | | | | | | | If you have a Driver Qualification Card (Driver Certificate of Professional Competence (CPC)), please provide details of the categories, start and expiry dates:  Categories: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please note if the shortlisting requirement to have a CPC is not applied the successful candidate will be expected to obtain the relevant CPC within three months of commencing employment in the role.**  **By providing any of the above licence 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**  Applicants **must** be able to demonstrate on the application form, by providing personal and specific examples, that they have at least one year’s relevant experience in at least **two** of the following three areas:   1. supervising frontline staff on a daily basis; 2. undertaking relevant grounds maintenance; horticulture; sports ground; arboriculture or cleansing operations; and, or 3. assisting in the preparation and implementation of work programmes including assisting in carrying out risk assessments and ensuring relevant health and safety requirements are met.   **Short-listing criteria**  In addition to the above driving licence and experience, Belfast City Council reserves the right to shortlist only those candidates who as at the closing date for receipt of application forms:   * in the first instance, have a full, valid Driver Qualification Card (Driver Certificate of Professional Competence (CPC)) **(Please note if this criterion is not applied, the successful candidate will be expected to obtain the relevant CPC qualification within three months of commencing employment in the role)**; * in the second instance, have at least one year’s relevant experience in all **three** of the above noted areas (a – c); and * in the third instance, have at least two years’ relevant experience in all **three** of the above noted areas   (a – c). | | | | | | | | | | | | |

**In boxes (a) – (c) overleaf, 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 job role; the number of frontline staff you supervised; the levels and range of these staff; how you supervised these staff; the frequency of your supervision of staff; the outcome of your supervision of staff, how you monitored and allocated work, 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. Please detail the type of grounds maintenance; horticulture; sports ground; arboriculture or cleansing operations you have carried out; what your specific role and duties were within these operations, the range of equipment you used, the purpose and outcome of the work you did, 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. Please detail the range of work programmes you have assisted in preparing and implementing including what these work programmes were; who they were for; how you ensured they were appropriate; the range and type of risk assessments you have carried out; what this involved; who or what you have carried out risk assessments for; where you have carried out risk assessments; how often you have carried out risk assessments; the range and type of health and safety requirements you have had to ensure are met; what this involved, 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 supervising frontline staff on a daily basis.  **(Please note, Belfast City Council reserves the right to short-list 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 undertaking relevant grounds maintenance; horticulture; sports ground; arboriculture or cleansing operations.  **(Please note, Belfast City Council reserves the right to short-list 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 assisting in the preparation and implementation of work programmes including assisting in carrying out risk assessments and ensuring relevant health and safety requirements are met.  **Please note, Belfast City Council reserves the right to short-list 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: | 0000002812/ |
| 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 |  | |
| **What best describes your gender?** | | | | | | | | | | | | | | | | | | |
| Man |  |  | Woman |  |  | Non-binary | | |  | |  | Prefer not to say | | |  | |  | |  |  | |
|  |  |  |  |  |  |  | | |  | |  | |  |  | | | |  |  | |  | |
| I use another term (for example, Intersex), please specify: | | | | | | | | | | | | | | |  | |  | |  |  | |
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| **Do you consider yourself to be trans\* or transgender\*\*?** | | | | | | | | | | | | | | | | |  | |  |  | |
| Yes |  |  | No |  |  | | Unsure |  | | |  | Prefer not to say | | |  | |  | |  |  | |
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| *\** 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 |  |  |  |  |  |  |
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|  | Civil partnership | | | |  | Dissolved civil partnership | | |  |  |  |  |
|  |  | | | |  |  | | |  |  |  |  |
|  | 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 |  |
|  |  |  | |  | |  |  |  |  |  |  |
|  |  | 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: | | | | | | | | |  |  |  |
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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. | | | | | | | | |  |  |  |
|  | | | | | | | | |  |  |  |
| 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 | | | | |  | | |  | | | | | | | | | | | | | | | | |  |  |
|  | | | |  | | | | | | | | | |  | | | | | | | | | | |  | |  |  |
|  | | Other, please specify: | | | | | |  | | | | | | | | | | | | | | | | |  | |  |  |

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| **Sexual orientation:** | | | | | |
| **What best describes your sexual orientation?** | | | | | |
|  |  |  |  |  | |
| Bi |  |  |  | Orientation |  |
|  |  |  |  |  | |
| Gay/lesbian |  |  |  |  |  |
|  |  |  |  |  | |
| Heterosexual/straight |  |  |  |  | |
|  |  |  |  |  | |
| Prefer not to say |  |  |  |  | |
|  |  |  |  |  | |
| 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 |  |  |  |  | |
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| **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 |  |  |  |  | |  | |