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| HR reference | 0000002951/ |

**Belfast City Council**

Application for appointment as:

**Senior Environmental Health Officer (Grade 9)**

**‘Temporary cover’ post within the Public Health, Housing and Environmental Protection Team until 15 July 2025, subject to review**

**(Applicants must be current Belfast City Council employees or agency assignees as at Thursday, 23 January 2025** **and throughout the selection process)**

**City Services Section**

**City and Neighbourhood Services Department**

|  |  |
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| Name of Applicant: |  |
| Address: |  |
| The closing date for applications is **4pm on** **Thursday, 23 January 2025.**  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 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: |  | | | | |
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| (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: | |  |  | |
| **Section 2: Qualifications and employment history** | | | | | | | | | | | |
| **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 Bachelor of Science or Master of Science degree in Environmental Health which is approved by the Chartered Institute of Environmental Health, or a qualification acceptable to the Environmental Health Registration Board, that is, a Diploma in Environmental Health awarded by the Chartered Institute of Environmental Health (CIEH), or a historical equivalent.**  **Please note, the council reserves the right to short-list, in the third instance, only those applicants who, as at the closing date for receipt of applications, hold additional relevant qualifications in an Environmental Health related discipline for example, a Diploma in Acoustics awarded by the Institute of Acoustics or relevant Master’s degree.**  **Please detail your relevant qualifications 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: | | | | | | | | | | | | | | | | | | |
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| (c) | **Professional qualifications: Applicants must, as at the closing date for receipt of applications, have a Certificate of Registration of the Environmental Health Officers’ Registration Board or equivalent.**  **Please detail your relevant qualification below:** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | |
| Title of professional body | | | | | | | | Title of qualification(s) | | | | | | | | Date of attainment | | |
|  | | | | | | | |  | | | | | | | |  | | |
| |  |  |  |  | | --- | --- | --- | --- | | (d) | **Current position held:** | | | |  |  | | | | Current Job Title: | | Grade: | Date appointed: | |  | |  |  | | | | | | | | | | | | | | | | | | | |
| **Section 3: Driving licence and experience** | | | | | | | | | | | | | | | | | | | | |
| **5.** | |  | | | | | | | | | | | | | | | | | | |
| **(a)** | | Do you hold a full, current driving licence which enables you to drive in Northern Ireland and have your own transport available at all times for official council business, 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 | |  | |  | | | | | | | | | |
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| 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: | |  | | | |
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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).** | | | | | | | | | | | | | | | | | | | | |
| **You must complete the application form in either typescript (Arial font size 11) or legible hand-writing using black ink. You must limit your text in this section, i.e. (b) to (e), to no more than one A4 page per criterion. You must not use continuation sheets. If you submit more than one page per criterion, 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**, as at the closing date for receipt of application forms, be able to demonstrate on the application form, by providing personal and specific examples, that they have two years’ relevant experience of:   1. dealing with technically complex and sensitive environmental health cases, including the provision of advice and guidance to both external customers, partners and internal stakeholders (including team members and other council services); 2. managing and prioritising a complex caseload to deliver regulation and compliance services, including reactive and proactive work programmes and related projects; and 3. practising as an Environmental Health Officer in Public Health, Housing and Environmental Protection, including investigation of statutory nuisances and private rented sector enforcement, pollution including noise control, and responding to planning consultations.   **Short-listing criteria**  In addition to the above qualifications, driving licence and experience, Belfast City Council reserves the right to shortlist only those candidates 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, at least three years’ relevant experience in each of the aforementioned areas (b-d). * in the second instance, can demonstrate on the application form, by providing personal and specific examples on the application form, (e) at least one year’s relevant experience of managing and motivating staff, i.e., direct reports, in accordance with the principles of personal development planning and individual performance management; and * in the third instance, hold additional relevant qualifications in an Environmental Health related discipline for example a Diploma in Acoustics awarded by the Institute of Acoustics or relevant Master’s degree.   **In boxes (b), (c), (d) and (e) please provide 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 the technically complex and sensitive environmental health cases that you have dealt with, the steps that you took to deal with these cases, how these were technically complex and sensitive; the external customers, partners and internal stakeholders (including team members and other council services) that you provided advice and guidance to; the range of matters that you advised on, how frequently you provided this advice and guidance, how your advice and guidance was used, etc.  (c) 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 the complex caseload that you have managed and prioritised, the steps that you took to manage and prioritise this caseload, how it was complex, the regulation and compliance services that you delivered; the reactive and proactive work programmes and related projects that you managed, what this involved, etc.  (d) 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 experience of practising as an Environmental Health Officer in Public Health, Housing and Environmental Protection; the duties you have undertaken; the statutory nuisances that you have investigated, what this involved, the steps that you took to investigate these; your experience in private rented sector enforcement, your duties and responsibilities in relation to this; your experience of pollution including noise control, your duties and responsibilities in relation to this, the planning consultations that you have responded to, what this involved, etc.  (e) 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 duties and responsibilities in relation to managing and motivating staff; the number of people you directly managed; how you managed and motivated these staff in accordance with the principles of performance management and personal development, etc. | | | | | | | | | | | | | | | | | | | |

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| **(b)** | **Please demonstrate in this box, by providing personal and specific examples, that you have at least two years’ relevant experience of dealing with technically complex and sensitive environmental health cases, including the provision of advice and guidance to both external customers, partners and internal stakeholders (including team members and other council services).**  **(Please note, Belfast City Council reserves the right to short-list, in the first instance, 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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| **(c)** | **Please demonstrate in this box, by providing personal and specific examples, that you have at least two years’ relevant experience of** **managing and prioritising a complex caseload to deliver regulation and compliance services, including reactive and proactive work programmes and related projects.**  **(Please note, Belfast City Council reserves the right to short-list, in the first instance, 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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| **(d)** | **Please demonstrate in this box, by providing personal and specific examples, that you have at least two years’ relevant experience of practising as an Environmental Health Officer in Public Health, Housing and Environmental Protection, including investigation of statutory nuisances and private rented sector enforcement, pollution including noise control, and responding to planning consultations.**  **(Please note, Belfast City Council reserves the right to short-list, in the first instance, 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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| **(e)** | **Short-listing criterion: If applicable, please demonstrate in this box, by providing personal and specific examples, that you have at least one year’s relevant experience of managing and motivating staff, i.e. direct reports, in accordance with the principles of personal development planning and individual performance management.**  **(Please note, Belfast City Council reserves the right to short-list, in the second instance, only those applicants who can demonstrate at least one year’s relevant experience in this area)**  Continuation sheets must not be used |

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| **Section 4: Other information** | | | |
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| **6.** | Notice required to terminate present position: | |  |
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| **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. | | |
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| **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): |  | |
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|  | Address (including post code): |  | |
|  |  |  | |
|  | Contact telephone: |  | |
|  |  |  | |
|  | Email address: |  | |

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| 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. |

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

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| **Equal opportunity monitoring form** | | |
|  | HR Reference number: | 0000002951/ |
| 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 | | |  | |  | |  |  | |
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| 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 |  |
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|  | Divorced |  | |  |  | Separated |  |  |  |  |  |  |
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|  | Widowed |  |  | |  | Cohabitant |  |  |  |  |  |  |
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|  | 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 | | | | |  | | | |  |  | | |  |
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|  | 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 | | | | | | | | | | | | |  | | |  | | |  | |  | | |
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| If yes, please state nature of disability: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | |
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| 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 | | | | | | | | | | | | | | |  | | |  | | |  | |  |
|  | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | |  | |  |
|  | | | Prefer not to answer | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
|  | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | |  | |  |
|  | | | Other, please specify: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  |

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