



APPLICATION FORM

**Closing Date for receipt of completed applications:
5.00pm Friday 26th February 2010**

It is important for us as employers to know as much as possible about you, the applicant. Please complete this form accurately and in full as the decision to shortlist you will be based solely on the information you provide on this form. **Do not continue on additional pages or include any supplementary material – these will not be copied to the Selection Panel and therefore their content will not be considered by the panel.** Please read the guidance notes on the page overleaf carefully before completing the application form.

The Arts Council will treat all documents and information received in support of your application as confidential unless required to disclose them by a statutory body in connection with any claim which may arise out of the appointment.

The completed **Application Form** should be returned in an envelope marked **CONFIDENTIAL** and **must** be addressed to:

The Monitoring Officer
Arts Council of Northern Ireland
MacNeice House
77 Malone Road
Belfast BT9 6AQ

Failure to complete and return the application form in accordance with the Guidance Notes overleaf will result in your application being disqualified.

EQUALITY OF OPPORTUNITY STATEMENT

It is the Arts Council's intention to ensure equal opportunity for all job applicants and employees and to eradicate direct or indirect discrimination so that no person shall receive less favourable treatment on the grounds of: sex; marital status; religious belief; political opinion; disability; ethnic origins; sexual orientation; age or Trade Union membership. No person shall be disadvantaged by any conditions or requirements which are neither justified nor required for the job. All recruitment, promotion and training opportunities will be based on merit as measured by qualifications, experience, ability, personal attributes and job performance. The Arts Council will also apply equal opportunity principles to all personnel matters such as pay, staff reporting, redundancy, disciplinary and grievance procedures.

The Arts Council of Northern Ireland is an Equal Opportunities Employer

Guidance Notes - Please read carefully

Completing the Form

1. You must complete all sections of the Application Form. Only pages 6 onwards of the Application Form will be made available to the selection panel.
2. Please complete the form clearly and legibly in typescript (minimum size 11pt). Where application forms are not typed/word processed, you should write in BLACK INK in BLOCK CAPITALS only. If we cannot read the form, we may be unable to determine whether or not you meet the requirements for the post.
3. Do not exceed the space provided. **Additional pages or any supplementary material will not be copied to the selection panel and therefore their content will not be considered by the panel.**
4. The personnel requirements for this post are set out in this Form. You must address all the requirements listed and demonstrate clearly how you meet each one. Unless you do this, we will be unable to proceed with your application. Please note where there are a large number of applicants candidates may also be shortlisted using the Desirable Criteria from the person specification and applicants should show in the application form how they meet this.
5. You should ensure that you provide evidence of your experience in your application form, giving length of experience examples and dates as required.
6. It is not sufficient to simply list your duties and responsibilities.
7. The selection panel will not make assumptions from the title of the applicant's post or the nature of the organisation as to the skills and experience gained.
8. If you do not provide sufficient detail, including the appropriate dates needed to meet the eligibility criteria, the selection panel will reject your application.

Returning the Form

9. The Application Form **must** be signed and dated at the bottom of page 4.
10. The Application Form **must** be returned addressed to '**The Monitoring Officer**'.
11. We will not accept return of the Application Form by fax, E-mail or other form of electronic transmission.
12. Your completed Application Form **must** arrive by the stated closing date.
13. Late applications will not be accepted.
14. Information in support of your application will not be accepted after the closing date for receipt of applications.

General

15. Canvassing will disqualify.
16. A candidate found to have given false information or wilfully to have suppressed any material fact will be liable to either disqualification or, if appointed, dismissal.

If the Application Form is not completed and returned in accordance with these Guidance Notes, it will be disqualified.

IN CONFIDENCE

HUMAN RESOURCES OFFICER

Ref: 10/04/

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ARTS COUNCIL OF NORTHERN IRELAND
MacNeice House, 77 Malone Road, Belfast BT9 6AQ

PERSONAL DETAILS

Title (Mr/Mrs/Ms etc)	Surname	Forename(s) (Please <u>underline</u> name by which you are known)
Address & Postcode	E-Mail Address	
Home Tel No	Mobile Tel No	Business Tel No (if it may be used)

Current/Most Recent Salary		
Date of last salary increase	Date next increase due	Bonuses Payable
Substantial benefits		
Length of Notice		

Interview Arrangements

Please give details of any special arrangements required at interview

Previous Applications

Have you applied for any other posts with us since 1st January 2010?

YES / NO

If Yes, please list posts:

Declaration

I hereby certify that all the information given by me in connection with this application is correct to the best of my knowledge, that all the questions relating to me have been accurately and fully answered and that I possess all the qualifications which I claim to hold.

Signed _____ Date _____

MONITORING FORM

Ref: 10/04/

To demonstrate the Arts Council's commitment to equality of opportunity in employment we must monitor the community background of our employees and job applicants as required by the Fair Employment (Northern Ireland) Act 1989. We are asking you to help us by indicating below the community background to which you belong. **(Please ✓ appropriate box)**

Section 1: Your Religious Belief

- Protestant
- Roman Catholic
- Other religious faith
Please specify _____
- No religious belief
- Not disclosed

Section 2: Your Marital Status

- a. Single, that is never married
- b. Married and living with husband/wife
- c. In a Civil Partnership
- d. Separated
- e. Divorced
- f. Widowed
- g. Not disclosed
- h. Unknown

NB. Please note that in relation to Section 1 above it is an offence for any person knowingly to give false information to another who is seeking this information in order to make a monitoring return.

Section 3: Your Ethnic Group

- White
- Chinese
- Irish Traveller
- Indian
- Pakistani
- Bangladeshi
- Black African
- Black Caribbean
- Mixed ethnic group
- Other
- Not disclosed

Section 4: Your Gender

- Male
- Female

Please Specify _____

Please Specify _____

Section 5: Age

Please provide your date of birth or ✓ the appropriate Age Band: D.O.B.

Age Band:

16-21 <input type="checkbox"/>	22-30 <input type="checkbox"/>	31-40 <input type="checkbox"/>	41-50 <input type="checkbox"/>
51-60 <input type="checkbox"/>	61-65 <input type="checkbox"/>	65 + <input type="checkbox"/>	

Section 6: My Sexual Orientation is towards someone:

Of the same sex	<input type="checkbox"/>
A different sex	<input type="checkbox"/>
Both	<input type="checkbox"/>

Section 7: Dependants – with a responsibility for: *(please ✓ each box that applies to you)*

Do you have responsibility for the care of:

A Child/Children?	<input type="checkbox"/>
A person with a disability?	<input type="checkbox"/>
A dependent elderly person?	<input type="checkbox"/>
Other	<input type="checkbox"/> <i>Please Specify</i> _____
No caring responsibilities	<input type="checkbox"/>

Section 8: Disability

The Disability Discrimination Act considers a person disabled if:

- You have a long standing physical or mental condition or disability that has lasted or is likely to last at least 12 months, and
- This condition or disability has a substantial adverse effect on your ability to carry out normal day-to-day activities

Do you consider yourself to be disabled as set out under the Disability Discrimination Act?
 (Please ✓ 'yes' or 'no')

Yes No

If yes, please state the type of disability below:

1. Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches.
2. Sensory impairment, such as being blind/having a visual impairment or being deaf/having a serious hearing impairment.
3. Mental Health Condition, such as depression or schizophrenia
4. Learning Disability/difficulty, (such as Down's syndrome or dyslexia) or cognitive impairment such as autistic spectrum disorder
5. Long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.
6. Other (please specify)

7. Not disclosed

It can help us to ensure effective involvement of everyone if we can identify anything that poses a barrier to your full participation in the workplace.

What are the biggest barriers for you in doing what you want to do in this organisation?

Please specify

Section 9: Advertising

Please indicate by ticking the appropriate box/es below how you became aware of this vacancy to allow us to assess the effectiveness of our advertising.

Belfast Telegraph	<input type="checkbox"/>	Internal Trawl	<input type="checkbox"/>	Job Market	<input type="checkbox"/>
Irish News	<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>
ACNI Website	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)					

Thank You for Providing this Information

Details of secondary/grammar schools or technical college attended

Name of School/College	Address of School/College	Dates Attended
		to
		to
		to

References

Please give the names and addresses of two people who are able to provide references relating to your work experience and suitability for this post. One referee should be a previous employer and if possible your present or most recent employer.

No member or officer of the Arts Council or person nominated to sit on or attend the selection panel for this post can be accepted as a referee from external applicants. In order to provide an employment reference for internal applicants however one such reference can be accepted provided that the person has not been nominated to serve on or attend the selection panel.

References will only be sought for those successful at interview.

Reference 1

Name _____

Address _____

_____ Post Code _____

Tel. No. _____

Position _____

Reference 2

Name _____

Address _____

_____ Post Code _____

Tel. No. _____

Position _____

The requirements for the post (details of which are on the Personnel Specification) are listed at the top of this and the following pages. You should demonstrate clearly how and to what extent you meet **each** requirement.

Do not continue on additional pages or include any supplementary material – these will not be copied to the Selection Panel and therefore their content will not be considered by the Panel.

Essential

Standard of Education

Professional Qualification

Specialism

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Essential

Communication and Interpersonal Skills
Policy

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Essential

Health and Safety

IT Skills

Equality of Opportunity

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Essential

Analytical Ability and Strategic Thinking

Relevant Payroll Experience

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Desirable

Experience

HR Specialism

Training and Development
