**RECRUITMENT OPPORTUNITY**

**Northern Ireland Commissioner**

**for Children and Young People**

**Member of Audit and Risk Assurance Committee**

**Ref: MAR/22/02/\_\_\_**

Applicants must complete the application form in the typescript

font used in the form, or legible block capitals using black ink

**Closing date for applications:**

**Friday 01st April 2022 at 4pm**

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| **Notes – Please read before completing the application form** |

* Failure to complete any part of the application form may render you ineligible for this competition.
* You should use this form to provide details of relevant and appropriate experience given the essential criteria outlined in the job description.
* Applicants are encouraged to submit applications at the following address: **recruitment@niccy.org**
* **If you require this document in an alternative format, please contact Human Resources**

# PLEASE READ CAREFULLY BEFORE COMPLETING THE FORM

**QUALIFICATIONS:**

* If you believe your qualification is equivalent or higher than the one required, you must provide the panel with the necessary evidence to show this is the case. If the panel are unable to make an informed decision from the information provided, they may decide that the application form does not meet this particular criterion.

**RELEVANT EXPERIENCE**

* The selection panel will only interview those applicants who appear, from the information available, to meet the relevant experience and ability.
* It is therefore essential that applicants describe fully in the application form the extent to which they satisfy the specified criteria (givinglength of experience, examples and **dates** as required).
* Panels will be interested in whom you reported to, what **you** did and how successful **you** were.
* It is **not** sufficient to simply list your duties and responsibilities. The selection panel will not make assumptions from the title of the applicants’ posts as to the skills and experience gained.

###### **APPLICATION FORMS**

* Applicants are reminded that the application form must be **fully** completed as incomplete application forms will not be considered.
* CVs, letters or any other supplementary material will not be accepted (unless otherwise stated) in place of, or in addition to, completed application forms.
* Only the information presented in the application form (and supplementary information if required) will be considered by the selection panel.
* Your application will be examined by a selection panel whose job it is to assess the content of your application against pre-determined criteria, based on the requirements of the position.
* It is in your own interest that you provide a detailed and accurate account of your qualifications/experience, including relevant dates.
* Any inaccuracy in completing your form may result in rejection

###### **WHEN COMPLETING YOUR APPLICATION FORM**

* Do not use acronyms, complex technical detail etc.
* Write down clearly your personal involvement in any experience you quote. It is how you actually carried out the piece of work that the selection panel will be interested in.
* Identify relevant examples. This is very important, as you may need to be prepared to talk about these examples in detail if you are invited to interview. It is **your** unique role the panel is interested in, not that of your team.
* Please note that applications considered illegible because of poor handwriting will be rendered invalid.

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| **1. Personal Details** |

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| --- | --- | --- |
| Surname:       | Forenames:       | Title:       |
| Address for Correspondence:     Postcode:       | Telephone Numbers: (Please provide a number you can be contacted on in relation to your application)Home:     Mobile:      Office:      Email:       |
| National Insurance Number:       |

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| **2. Education and Qualifications** |

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| --- | --- | --- | --- |
| From | To | Type of School(e.g. Grammar, Secondary etc) | Qualifications: subjects, grades/classifications |
|                      |                      |                      |                      |

**Other professional qualifications**

|  |  |  |
| --- | --- | --- |
| Date | Course | Qualifications |
|            |            |            |
| Membership of professional institutions/associations: (please provide membership number)      |

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| **3. Employment History** |

Detail all your employment /self-employment (and unemployment) for the **last 5 years** starting with the present/most recent. Show the dates of employment, name of employer (or name of company if self-employed). State also job title(s) and key responsibilities.

|  |  |  |
| --- | --- | --- |
| **Dates****(Start with present most recent employer**) | **Name & Address of** **Employer** | **Job title, Main duties and responsibilities** |
|  | Month | Year |       |       |
| **From:** |  |  |
|  |      |      |  |  |
| **To:** |  |  |
|  |      |      |  |  |
|  |  |  |
|  | Tel:       |  |
|  | Month | Year |       |       |
| **From:** |  |  |
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|  | Tel:       |  |
| **Dates****(Start with present most recent employer**) | **Name & Address of** **Employer** | **Job title, Main duties and responsibilities** |
|  | Month | Year |       |       |
| **From:** |  |  |
|  |      |      |  |  |
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|  | Month | Year |       |       |
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| **4. Referees** |

Please give the names and addresses of two referees, one of whom should be your current employer. Referees will not be contacted until a provisional offer is made.

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| Name:       |
| Address:       |
|  | Postcode:       |
| Tel no:       | E-mail address:       |

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| --- |
| Name:       |
| Address:       |
|  | Postcode:       |
| Tel no:       | E-mail address:       |

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| **5. Interview Arrangements** |

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| Please provide details of any special arrangements in relation to either communications or access, which you may require at the interview centre?      |

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| **6. Additional Information** |

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| Current/most recent salary: (successful applicant will be asked to provide copies of their last 3 payslips)      |
| Length of Notice:       | Possible start date?       |

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| **Sickness Record** |
| Please provide details of your sickness record for the past 2 years. If you are successful in your application, you may be asked to complete a health questionnaire before an offer of employment will be made.  |
| Reason for absence | Number of days | Date absence commenced |
|       |       |       |
|       |       |       |

*Applicants should be aware that by answering ‘Yes’ to either of the following questions, will not necessarily prevent them from gaining employment with NICCY.*

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| **Criminal Convictions** |
| Do you have any criminal convictions, which are not regarded as spent under the Rehabilitation of Offenders (NI) Order 1978? YES [ ]  No [ ] If ‘Yes’, please provide specific details below;      |

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| **Disciplinary Record** |
| Have you ever been dismissed from a job or had disciplinary action taken against you or is such action currently pending against you?9. YES [ ]  NO [ ] If ‘Yes’, please provide specific details below;      |

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| **7. Information for Shortlisting Purposes** |

* You should ensure that you provide evidence of your experience in your application form, giving length of experience examples and dates as required.
* It is not sufficient to simply list your duties and responsibilities.
* NICCY 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.
* If you do not provide sufficient detail, including the appropriate dates needed to meet the essential criteria, the selection panel will reject your application.
* **ONLY** the details provided by you in your application form (the employment history and essential criteria) will be provided to the selection panel for the purpose of determining your eligibility for the post.
* NICCY will only interview those applicants who appear, from the information available, to meet the relevant experience and ability.
* ***A limited amount of space is available in each box, if more space is needed, please continue on a separate page, clearly identifying the section it relates to.***

**ESSENTIAL CRITERIA**

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| ***Criterion 1:*** Demonstrate a commitment to the Mission, Vision and Values of NICCY. |
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| ***Criterion 2:*** Information to be provided which demonstrates a broad understanding of public sector governance and, particularly, accountability structures. |
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| ***Criterion 3:*** Five years experience of working at Board level in at least ***one*** of the following areas to be demonstrated:* Accounting
* Audit
* Risk Management
* Specialist issues pertinent to an organisation’s business

*\*Experience includes employment (full time or part time) and voluntary work* |
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| **8. Data Protection/GDPR Statement and Declaration** |

The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment.  The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us and to provide you with information about us or third parties via your payslip.  We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.

We may check the information collected with third parties or with other information held by us.  We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other ways as permitted by law. Information not provided in English may be passed to a third party translation service.

NICCY reserves the right to request Access NI checks where appropriate to the job role.

By signing (or by entering your name in electronic/typewritten format) below we will be assuming that you agree to the processing of sensitive personal data (as described above).

**DECLARATION**

The information given by me on this application is, to the best of my knowledge and belief, true and correct.  I also understand that any misrepresentation by me, during any aspect of the selection process, will lead to the withdrawal of any offer of employment or my employment being terminated without any obligation of liability on the part of NICCY other than for services rendered.

I confirm I am aged 16 or over.

I give my consent for a criminal record check to be carried out.

Signed: …………………………………….. Date: ………………………………..

All completed application forms must be submitted via e-mail to **recruitment@niccy.org**.

**Your application must be received no later than:**

**Friday 01st April at 4pm**

PLEASE COMPLETE THE EQUAL OPPORTUNITIES MONITORING FORM ON THE FOLLOWING TWO PAGES. FAILURE TO COMPLETE AND RETURN IT **WILL** RESULT IN DISQUALIFICATION

**MONITORING INFORMATION**

ARAC/Mar/22/02\_\_\_

Member of Audit and Risk Assurance Committee

**POST: Ref:**

**PLEASE NOTE THIS FORM IS REGARDED AS PART OF YOUR APPLICATION**

**AND FAILURE TO COMPLETE AND RETURN IT WILL RESULT IN**

**DISQUALIFICATION**

It is the policy of NICCY to ensure that all eligible persons have equal opportunity for employment and advancement within NICCY on the basis of their ability, qualifications and aptitude.

The Northern Ireland Commissioner for Children and Young People selects those suitable for appointment solely on the basis of merit without regard to an individual’s disability, race, religion or sex. Monitoring is carried out to ensure that the equal opportunity policy of NICCY is effectively implemented.

**National Insurance Number:**

**Date of Birth:**

**COMMUNITY BACKGROUND**

The Fair Employment and Treatment (Northern Ireland) Order 1998 outlaws discrimination on the basis of religious belief or political opinion. The information below is required in connection with the requirements of the above Order. The use and confidentiality of Community Background information is protected by the Fair Employment and Treatment (Northern Ireland) Order 1998. It will be used only for monitoring the effectiveness of NICCY equal opportunity policy and to comply with obligations relating to monitoring, investigations or proceeding under the requirements of the Fair Employment and Treatment (Northern Ireland) Order 1998.

Please indicate your community background by ticking the appropriate box below

|  |  |
| --- | --- |
| I have a Protestant community background | **[ ]**  |
| I have a Roman Catholic community background | **[ ]**  |
| I have neither a Protestant nor a Roman Catholic community background | **[ ]**  |

**PLEASE ALSO COMPLETE THE PAGE OVERLEAF**

**RACE -** The Race Relations (Northern Ireland) Order 1997 makes it unlawful to discriminate in employment on grounds of colour, race, nationality or ethnic or national origins. The Northern Ireland Commissioner for Children and Young People monitors its workforce in line with recommended good practice.

**RACIAL MONITORING PART A** (You must indicate by ticking one of the boxes below)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you : | White | [ ]  | Of Black African origin | [ ]  |
|  | Of Black Caribbean origin | [ ]  | Of Bangladeshi origin | [ ]  |
|  | Of Chinese origin | [ ]  | Of Indian origin | [ ]  |
|  | Of Pakistani origin | [ ]  | Of other origin(please specify) | [ ]  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**RACIAL MONITORING PART B** (You must answer both of the following questions)

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| Are you a member of a mixed ethnic group? | Yes [ ]  No [ ]  |
| Are you a member of the Irish Traveller Community? | Yes [ ]  No [ ]  |

**DISABILITY -** The Disability Discrimination Act 1995 makes it unlawful for an employer to treat a disabled person less favourably than someone else because of their disability, unless there is a good reason. Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carryout normal day to day activities. Please note that it is the effect of the impairment, without treatment, which determines if an individual meets this definition of disability.

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| --- | --- |
| Do you consider yourself to have a disability? | Yes [ ]  No [ ]  |