# **Ref. OPONI HRM 14/2019**

# **Application for Position of Human Resources Manager**

**Office of the Police Ombudsman for Northern Ireland**

## Notes

* Applicants should submit this form only; supplementary material such as CV’s will not be considered.
* **This form must not be amended to adjust margins or space for examples etc.**
* Applications should be **handwritten clearly in block capitals or typed in font size 12.**
* **Applicants must clearly outline on their application forms how their qualifications and experience meet each of the essential and desirable criteria, giving length of experience and dates as required. If the individual believes their qualification is equivalent to the one required, the onus is on them to provide the panel with details of the modules studied etc, so that a well-informed decision can be made. It is not sufficient to simply list your duties and responsibilities. The Office 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 to meet the eligibility criteria, the selection panel will reject your application.**
* **Please return completed form to:** 
  + - Corporate Services Directorate (Human Resources)
    - Office of the Police Ombudsman,
    - New Cathedral Buildings,
    - 11 Church Street,
    - Belfast BT1 1PG
* **Completed application forms must be received no later than 4pm on Friday 05 July 2019. Applications will be accepted by post, delivery to the Office or via e-mail. It is the responsibility of the applicant to ensure that sufficient postage has been paid to return a completed application form, and applicants should note that 1st class Royal Mail does not guarantee next day delivery. Forms can be e**-**mailed to:** [**hr@policeombudsman.org**](mailto:hr@policeombudsman.org) **(***Technical problems associated with digital transmission of data can mean that email delivery is not instantaneous. It is recommended that emails are sent allowing sufficient time for any potential problems. Candidates should ensure that they keep evidence that they have sent their emailed applications within the required timeframe.)*

**Please do not remove this page from the application form.**

**1. Personal details** (Block letters)

|  |  |  |
| --- | --- | --- |
| Surname:  (Incl. Any former names) | Forenames:  (Please underline name by which you are known) | Gender: |
| Address:  Postcode: | |  |
| Telephone Numbers  Home:  Mobile: | | National Insurance Number: |
| Email: |

**2. Education, qualifications and courses attended.**

Further and Higher Education.

|  |  |
| --- | --- |
| College / University | Qualifications: subjects, grades / classification |
|  |  |
| **Details of membership of the Chartered Institute of Personnel and Development (including dates awarded and membership no)** | |

**3. Employment History**

Please outline your career to date beginning with the most recent.

Reason for Leaving

Dates (Month and Year)

From To

Position Held

Employer Name and Nature of Organisation

**4. Referees**

Please give the names and addresses of two referees, at least one of whom should be your current (most recent if unemployed) manager/supervisor and have knowledge of your present work. We will not contact referees until a job offer has been made.

|  |  |
| --- | --- |
| Name  Designation/Occupation | |
| Address  Postcode: | |
| Tel No: | Fax No:  (If possible) |

|  |  |
| --- | --- |
| Name  Designation/Occupation | |
| Address  Postcode: | |
| Tel No: | Fax No:  (If possible) |

**5. Interview Arrangements**

|  |
| --- |
| Please give details of any special arrangements required at the interview centre. |
| Have you previously applied for any posts within this office?  If so, please give details. |
| Where did you learn about this vacancy? |

6**. Additional information**

|  |  |
| --- | --- |
| This Office holds an exemption to Rehabilitation of Offenders Act 1974. All convictions including cautions must be declared, failure to do so will make the application void and if discovered at a later date if employed, will result in summary dismissal for gross misconduct. |  |
| Do you have any criminal convictions?  If yes, please give details in a separate, sealed envelope marked confidential. | Yes / No |

**7. SELECTION CRITERIA**

**7.1 Essential Criteria**

In addition to the CIPD membership and degree level qualification criteria (see Section 2 above) please outline in the sections below how you meet Essential Criteria as outlined in the Candidate Pack.

***7.1.1***

**Have a degree level qualification and Chartered membership of the Chartered Institute of Personnel and Development (MCIPD)**

***7.1.2***

**A minimum of 3 years management level\* experience in a generalist human resources role**

**(\*Management level experience means supervising the work of at least one other team member within a human resources function and being directly responsible for monitoring and assessing their job performance.)**

***7.1.3***

**Demonstrable experience in the design, development and implementation of a variety of HR policies and associated procedures**

***7.1.4***

**Demonstrable experience in the management of all aspects of the recruitment and selection process from vacancy initiation procedures to the induction stage**

***7.1.5***

**Demonstrable experience in providing advice to managers on discipline and grievance issues and effectively guiding them through the appropriate processes**

***7.1.6***

**Demonstrable knowledge of employment law relevant to all aspects of the employer/employee relationship**

***7.2***

**Please outline any possible conflicts of interest which may impact on your capacity to fill this role within the Office. The Office’s Conflict of Interest Policy is supplied as a related document to this candidate application pack. Please be aware that the subject of conflicts of interest will be discussed during interview.**

|  |
| --- |
| I hereby declare that the statements contained in this application form are, to the best of my knowledge, true and complete in every respect and that no material facts have been withheld, misrepresented or suppressed.  Signature: ………………………………………… Date: ……………………….. |

**POLICE OMBUDSMAN FOR NORTHERN IRELAND**

## SUMMARY MONITORING INFORMATION

|  |
| --- |
| Monitoring Reference Number: **OPONI HRM 14/2019** |

**FOR MONITORING PURPOSES ONLY**

This information will be treated in the strictest confidence and protected from misuse. It will be used only for the purpose of monitoring our equal opportunity employment policy.

Please indicate your religion or the religion to which you would be perceived to belong by ticking the appropriate box below:

I am a member of the Protestant Community

I am a member of the Roman Catholic Community

I am a member of neither the Protestant nor the Roman Catholic Community

Please indicate your gender by ticking the appropriate box below:

Male

Female

Please indicate your marital status by ticking the appropriate box below:

Married

Single

Divorced/Separated

Widowed

Other

**Disability** - 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 substantial and long-term adverse effect on his/her ability to carry out normal day to day activities. *(Please see attachment for further details).*

Do you consider that you meet this definition of disability? YES/NO

Do any of the disabilities or conditions listed below have a substantial and long terms adverse effect on your ability to carry out normal day-to-day activities? YES/NO

Please tick the category or categories which apply to you:

Hearing impairment

Visual impairment

Speech impairment

Mobility impairment

Physical co-ordination difficulties

Reduced physical capacity

Severe disfigurement

Learning difficulties

Mental illness/mental health difficulty

Please state the nature

or effects of your disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please describe your ethnic origin by ticking the appropriate box below:**

White Indian

Irish Traveller Pakistani

Black – Caribbean Bangladeshi

Black – African Chinese

Black – Other (please specify)

Other (please specify)

National Insurance Number:-

Date of Birth:-

Have you previously applied for any posts within this Office? YES/NO

*If yes please give details*

Attachment:

*Guidance Notes in Completing the Disability Section of the Equal Opportunities Monitoring Form*

The Disability Discrimination Act defines disability as a physical or mental impairment which has substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities.

A long term effect of an impairment is one which has lasted, or can reasonably be expected to last at least 12 months. Where an impairment stops having a substantial adverse effect on a person’s ability to carry out normal day-to-day activities, it will be treated as continuing to have that effect if it is likely to recur.

Apart from the use of spectacles or contact lenses to correct sight, the effect of treatment or correction on an impairment should be ignored. For example, in the case of someone with diabetes, whether or not the effect is substantial will depend on what the condition would be if he or she was not taking medication.

The guidance which follows contains examples of conditions which might give rise to particular categories of disability. You may feel that the suggested category is inappropriate in your case. For example, you may have a condition which is shown here as being likely to give rise to physical co-ordination difficulties, whereas in your opinion the resultant disability is more appropriately described under reduced physical capacity. In such cases you should choose the category which seems most suitable to you.

Hearing impairment:

For example, being deaf or hard of hearing. If you wear a hearing aid which brings your level of hearing to a par with the average, you are still considered to have a disability.

Visual impairment:

For example, being registered blind or partially sighted. If your sight is corrected by the use of spectacles or contact lenses, this is not considered a disability.

Speech impairment:

For example, being unable to speak, or having difficulty in speaking.

Mobility impairment:

For example, being able to walk only limited distances; having difficulty walking other than slowly or with unsteady or jerky movements; having difficulty sitting, standing, bending or reaching; having difficulty climbing stairs, or using a normal means of transport; needing to use a walking stick, crutches or wheelchair.

Physical co-ordination difficulties:

This relates to balanced and effective interaction of body movement, including hand and eye co-ordination, and might include, for example, problems of manual dexterity and of muscular control, e.g. incontinence, epilepsy, Parkinson’s disease.

Reduced Physical capacity:

This includes debilitating pain and lack of strength, breath, energy or stamina, such as might arise, for example, from cardiovascular conditions, asthma, diabetes. It may also result from progressive conditions, e.g. muscular dystrophy, cancer, multiple sclerosis, HIV/AIDS. (The DDA provides for people with these progressive conditions to be regarded as having a disability as soon as impairment arising from the condition has some effect on the ability to carry out normal day-to-day activities. The effect does not have to be continuous or substantial).

Severe disfigurement:

Examples of disfigurements include scars, birthmarks, limb or postural deformation or diseases of the skin. A tattoo is not considered as a severe disfigurement.

Learning difficulties:

For example, reading or writing with difficulty. Includes the mental inability to perceive physical danger.

Mental illness:

For example, having schizophrenia, clinical depression, severe phobias.