

APPLICATION FORM

PLEASE COMPLETE IN **BLACK INK**

Application for the post of **DIRECTOR OF FINANCE**

Department **FINANCE DEPARTMENT**

Job Reference Number **DOF S135/2017**

Completed application forms **must** be received no later than **5.00 pm** on **Friday, 24th November 2017**. Parts A and B should be returned to:-

K J Rice
Chief Executive
Chief Executive's Department, Town Hall, Ridgeway Street
Douglas, **ISLE OF MAN**, IM99 1AD

Applications received after the closing date/time will **NOT** be considered.

Subject to the Control of Employment Legislation, Douglas Borough Council is committed to providing equality of opportunity for all job applicants.

PART A: ABOUT THE APPLICANT

1 PERSONAL DETAILS

Title _____ Surname _____ Forename(s) _____

Address _____

_____ Postcode _____

Telephone (home) _____ (mobile) _____

E-mail Address _____

National Insurance Number _____ Aged 16 – 65 years?

*delete as applicable

*YES

NO

2 RELATIONSHIP TO COUNCIL EMPLOYEE OR ELECTED MEMBER

You must state if you are related to an employee or Elected Member of Douglas Borough Council as it may affect the make up of the recruitment panel.

Name of employee/elected member to whom you are related

Relationship

3 REFERENCES

You must give the names and addresses of two referees, one of whom should be your current or most recent employer. Relatives, elected members or employees should not be nominated as referees.

1.	Name _____	2.	Name _____
	Position _____		Position _____
	Address _____		Address _____
	_____		_____
	Contact tel. no. _____		Contact tel. no. _____
	Occupation _____		Occupation _____

If you have not named your current employer (or if unemployed your previous employer) please state why.

4 CRIMINAL OFFENCES

Have you ever been convicted of a criminal offence? YES/NO
Are you currently the subject of any criminal proceedings? YES/NO

If the answer to either question is YES please supply details on a separate sheet.

(N.B., the Rehabilitation of Offenders Act 2001 may entitle you to withhold information about criminal offences. Please refer to the guidance notes attached before deciding what information you are required to disclose).

5 WORK PERMIT INFORMATION (see guidance notes)

Are you an Isle of Man Worker as defined in the Control of Employment Acts YES/NO

If YES, under which section of the guidance notes do you qualify? Section _____

If living in the Isle of Man, when did you take up residence? M/Y _____

If married, does your partner hold a work permit? YES/NO

6 OTHER INFORMATION

Do you have a current valid driving licence? YES/NO

If YES, please specify type (motor car/HGV, etc) _____

7 HEALTH

Are you disabled? YES/NO

Are you receiving any medical treatment/taking any medication? YES/NO

Have you suffered from any serious illness in the last 5 years? YES/NO

Do you have a medical condition which may affect your performance in the job? YES/NO

(If the answer is YES to any of the questions above please supply details on a separate sheet, including any assistance you may need to attend for interview).

Details of sickness absence from work/education during the last 5 years

Number of Absences _____ Number of Days _____
(If none, please state none)

8 DECLARATION BY THE APPLICANT

DECLARATION

I declare that to the best of my knowledge the information contained in this form and my C.V. is true and accurate. I understand that if any of the details I have given are found to be false, or that I have withheld relevant information, my application may be disqualified or, if already in employment, my appointment terminated.

I understand that where the application is successful Douglas Borough Council may, from time to time thereafter, wish to process this information (as updated periodically) for personnel administration and management purposes. I also understand that where this is the case, processing will take place in accordance with the provisions of the DATA PROTECTION ACT 2002 and that by signing this form I will be providing Douglas Corporation with my consent to these uses.

I hereby give permission for a police check to be carried out if I am offered an appointment or if considered appropriate.

Signature

Date

DOUGLAS BOROUGH COUNCIL wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2017, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information you provide will stay confidential, and be stored securely and limited to only some staff in the organisation's Human Resources section.

Please return the completed form marked 'Strictly Confidential' to

**CATHERINE ASHTON, ASSISTANT CHIEF OFFICER (HR)
HUMAN RESOURCES DEPARTMENT
TOWN HALL, RIDGEWAY STREET, DOUGLAS
ISLE OF MAN, IM99 1AD**

Job Reference Post of Director of Finance
Ref No DOF S135/2017

Gender Male ☐ Female ☐ Prefer not to say ☐

Are you married or in a civil partnership? Yes ☐ No ☐ Prefer not to say ☐

Age 16-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐
50-54 ☐ 55-59 ☐ 60-64 ☐ 65+ ☐ Prefer not to say ☐

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐
British ☐ Gypsy or Irish Traveller ☐ Prefer not to say ☐

Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐
Prefer not to say ☐ Any other mixed background, please write in:

Asian/Asian British

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Prefer not to say ☐
Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African ☐ Caribbean ☐ Prefer not to say ☐
Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab ☐ Prefer not to say ☐ Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?

Yes ☐ No ☐ Prefer not to say ☐

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?

Heterosexual ☐ Gay woman/lesbian ☐ Gay man ☐ Bisexual ☐
Prefer not to say ☐ If other, please write in:

What is your religion or belief?

No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐
Muslim ☐ Sikh ☐ Prefer not to say ☐ If other religion or belief, please write in:

What is your current working pattern?

Full-time ☐ Part-time ☐ Prefer not to say ☐

What is your flexible working arrangement?

None ☐ Flexi-time ☐ Staggered hours ☐ Term-time hours ☐
Annualised hours ☐ Job-share ☐ Flexible shifts ☐ Compressed hours ☐
Homeworking ☐ Prefer not to say ☐ If other, please write in:

Do you have caring responsibilities? If yes, please tick all that apply

None ☐ Primary carer of a child/children (under 18) ☐
Primary carer of disabled child/children ☐
Primary carer of disabled adult (18 and over) ☐ Primary carer of older person ☐
Secondary carer (another person carries out the main caring role) ☐
Prefer not to say ☐

PART B: MEETING THE EMPLOYEE SPECIFICATION

Note: Shortlisting will be based SOLELY on the information supplied in PART B.

Please complete Part B fully and show clearly how your qualifications and experience meet the essential criteria. A failure to do so may result in you not being shortlisted for interview.

1 EDUCATIONAL QUALIFICATIONS

(A) Please provide full particulars of all secondary level educational qualifications

Year obtained	Subject(s) passed	Grade	Level Attained (e.g. CSE, GCSE, A Level, RSA, etc)

(B) Please provide full particulars of all further educational qualifications

Degree/Diploma/Certificate, etc	Awarding Body	Month/Year

(C) Please provide full particulars of any professional qualification/Membership obtained including dates awarded

Name of Professional Body	Part Number with Date & Result

(D) Additional Qualifications (relevant to this post)

Qualification	Date

2 EMPLOYMENT HISTORY

(A) Present Position

Name & Address of Present/Last Employer:	
<hr/>	
<hr/>	
Date appointed	Present Salary
Job Title	Notice Period
Principle duties of post:	

(B) Previous Positions

Please list history beginning with the most recent.

Dates		Name & Address of Employer	Position
From M/Y	To M/Y		

4 ESSENTIAL CRITERIA

Important Note: Candidates **must** demonstrate in the space provided how they meet the essential and desirable criteria.

Applicants must demonstrate that they are qualified.

4 ESSENTIAL CRITERIA continued

Applicants must demonstrate that they have appropriate experience in a senior management position during the last 5 years as outlined in the Shortlisting Criteria.

4 ESSENTIAL CRITERIA continued

Applicants must demonstrate senior management experience in a range of activities including:

- Strategic planning and/or influencing policy
- People management
- Financial performance management

4 ESSENTIAL CRITERIA continued

Applicants must demonstrate senior management experience in a range of activities including

- Extensive knowledge of Superannuation Scheme, Administration and Investment preferably in the public sector

OR

- Participation in a major programme of Change Management

4 ESSENTIAL CRITERIA continued

Applicants must demonstrate senior management experience in a range of activities including:

- Working with key decision makers in the public, private and/or voluntary sectors

4 ESSENTIAL CRITERIA continued

Applicants must demonstrate how their achievements have contributed significantly to the effectiveness of their organisation