Dear Applicant,

**Estate Assistant: £27,903 - £30,749** (plus 19.5% employer pension contributions which represents a total financial package at year 1 of £33,344)

Thank-you for requesting an application pack for the above post, you should have the following:

* **Job Description**
* **Person Specification**
* **Application Form** (Curriculum Vitae will not be accepted)
* **Applicant Monitoring Form**

There may be a short-listing procedure depending on the number of applications received. It is therefore important that, in your application form, you clearly indicate how you meet the essential requirements of the post that are covered in the formal questions.

The short-listing process may be further enhanced through application of the desirable criteria. Therefore you should ensure that you answer all questions to the best of your ability.

At interview stage you may be asked to take part in a competency exercise, further details will be provided should you reach this stage.

You should complete the monitoring form and return it with your application form in a separate sealed envelope.

Any offer of employment may be conditional upon you undergoing a satisfactory occupational health screening.

Benefits associated with the post are based are generous including:

* Salary Band 3: **£27,903 – £30,749** (plus 19.5% employer pension contributions which represents a total financial package at year 1 of £33,344)
* NILGOSC pension scheme
* 20 days annual leave
* 13 Statutory and privilege days
* BUPA (on completion of 6 months employment)

Completed applications should be returned for the attention of the Business Support Officer no later than **12:00 noon on Friday 27th January 2023.**

**Yours sincerely**

Catherine Waterworth

**Director of Operations**



**APPLICATION FOR EMPLOYMENT**

Please note Curriculum Vitae is **NOT** acceptable.

Please fill in all sections for this form in block letters using black ink or type

Failure to complete all sections will result in your application being withdrawn



|  |  |
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| **Post applied for** | **ESTATE ASSISTANT** |
| **Reference number** | **23/02** |
|  |
| **Personal Details** |
|  |
| Forename(s) |  | Surname |  |
| Address |  | Telephone (home) |  |
|  |  | Telephone (mobile) |  |
|  |  | National Insurance Number |  |
| PostcodeEmail address |  | Current, clean driving licenceDriving Licence Number | Yes / No |
| **Referees** |
| (Please give two referees, one of whom **MUST** be your present or most recent employer, neither may be a relative) |
| 1 | Organisation |  |  |  |
|  | Name  |  | Relationship |  |
|  | Address |  |  |  |
|  |  |   | Postcode |  |
|  | Tel No |  |  |  |
|  | Email address |  |
|  |  |  |
| 2 | Organisation |  |
|  | Name  |  | Relationship |  |
|  | Address |  |  |  |
|  |  |   | Postcode |  |
|  | Tel No |  |  |  |
|  | Email address |  |
|  |  |  |
|  |  |  |
| **We will not contact references unless a conditional offer of employment is pending.****Return to: Business Support Officer, Connswater, 5C Citylink Business Park, Albert Street, Belfast BT12 4HQ or** **housing@connswater.org.uk** |
| **Education GCSE or Equivalent** |
| **Subject** | **Qualification** | **Grade** | **Year** |
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| Education A Level or Equivalent |
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| **Degree or Equivalent** |
| **University / College** | **Qualification** | **Grade** | **Year** |
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|  |  |  |  |  |  |
| **Professional Qualifications / Professional Bodies / Other Awards** |
| **Qualification / Membership Body** | **Grade** | **Current Member****Yes/No** |
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|  |  |  |
| Details of Accredited Training Courses  |
| **Course** | **Awarding body** | **Date Attended** |
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| **Please give details of your recent employment history for the last five years starting with the most recent post** |
| From | To | Name & Address of Employer | Job Title & Main Duties |
|  |  |  |  |
| Full time |  | Reason for leaving: |
| Part time |  |
| Placement |  |
| (Please tick) |  |  |
| From | To | Name & Address of Employer | Job Title & Main Duties |
|  |  |  |  |
| Full time |  | Reason for leaving: |  |
| Part time |  |
| Placement |  |
| (Please tick) |  |  |
| From | To | Name & Address of Employer | Job Title & Main Duties |
|  |  |  |  |
| Full time |  | Reason for leaving: |  |
| Part time |  |
| Placement |  |
| (please tick) |  |  |
| From | To | Name & Address of Employer | Job Title & Main Duties |
|  |  |  |  |
| Full time |  | Reason for leaving: |  |
| Part time |  |
| Placement |  |
| (please tick) |  |  |
| From | To | Name & Address of Employer | Job Title & Main Duties |
|  |  |  |  |
| Full time |  | Reason for leaving: |  |
| Part time |  |
| Placement |  |
| (please tick) |  |  |
|  |  |  |  |
| **Essential Criteria (This section must be completed for application to be considered)** |
| Please tell us how you show that you prioritise your workload and work without direct supervision.(max 150 words) |
|  |
| Please give us an example of your record keeping and working in a customer service focussed environment.(max 200 words)  |
|  |
| Please tell us about your IT skills and your ability to use Microsoft applications in your day to day work.(max 150 words) |
|  |
| Please tell us about your communication skills and give an example of good communication.(max 200 words) |
|  |
| Please tell us about your knowledge of delivering basic maintenance plumbing services. (max 200 words)  |
|  |
| Are you able to work outside of normal working hours occasionally? (please tick) |
| YES |  | NO |  |
| **Desirable Criteria (continue here if necessary)**  |
| Please tell us about your experience of carrying out health and safety risk assessments.(max 150 words) |
|  |
| Please tell us about your experience of carrying out estate maintenance inspections?(max 150 words) |
|  |
| **Medical Questionnaire**  |
|  |  |  |  |
|  | Do you have any disability or long term health condition which may affect your ability to undertake the tasks set out in the job description, or requires special arrangements? Please give details of arrangements required | Yes / No |  |
|  | Is your disability or long term health condition likely to last at least 12 months? | Yes / No |  |
|  | How many periods of absence from work due to ill health have you had in the last 3 years? Please indicate if certified or uncertified. |  |  |
| Please indicate the number of days in each period of absence detailed above |  |
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| **Declaration** |
| **Note** |  | The employer reserves the right to interview, solely on the basis of information supplied on the application for, candidates who meet the criteria established for the post. The Association reserves the right to enhance the shortlisting criteria. |
| **Warning** |  | Any applicant / employee found to have knowingly given false or inaccurate information or to have wilfully failed to disclose any relevant fact will be excluded from the recruitment process or may be dismissed. Canvassing will disqualify. |
| **Data Protection Act 2018** |  | The information given may be processed by computer and will be used for recruitment and selection purposes only. Connswater Homes respect the privacy of everyone and we will do our utmost to protect your privacy and the data you provide. The personal information you provide will be used in the recruitment process and will form the basis of the personnel record for successful candidate. The personal data of unsuccessful candidates will be retained for a period of 4 years after which it will be securely destroyed. In submitting this application you are giving your permission for your personal data to be stored and processed for the purposes of arriving at a selection decision. |
| **Declaration** |  | I give the employer the right to investigate all references and to secure all additional information about me, if job related. I hereby release from my liability the employer and its representatives for seeking such information and all other persons, corporations or organisations furnishing such information.I further understand that the job offer may be subject to the satisfactory outcome of references and / or a pre-employment health assessment and I consent to my Doctor being approached for further information, including medical reports if the Association considers it necessary. |
| **Signature of Candidate** |  | **Date** |  |
|  |