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| **APPOINTMENT OF**  **LEGAL OFFICER**  **(Ref: LO/25/01)** |
| **Completed applications should be returned by**  Email to :[recruitment@copni.org](mailto:recruitment@copni.org)  Or by post : HR Department  Commissioner for Older People for Northern Ireland  Equality House  7-9 Shaftesbury Square  Belfast  BT2 7DP  **The closing date for the return of completed applications is:**  **12noon on Thursday 11th September 2025** |

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| **SECTION A: NOTES ON COMPELTING THE APPLICATION FORM** |

Please bear in mind the following when completing your application:

* **It is strongly recommended that you read this Guidance Note and the Candidate Information Booklet carefully before completing your application form.**
* Applications **must** be made on this form and should be completed in black ink in either typescript Arial font size 12 or handwritten. If your application is handwritten, please ensure it is in BLOCK CAPITIALS and black ink. **All sections must be completed**.
* CVs, letters, or any other supplementary material should not be submitted in place of or in addition to the completed application form. This is to enable us to consider all applications on a fair and equal basis.
* **If you are typing your application, you must NOT increase the size of the text boxes or layout of the form. If you do, the selection panel may not consider the information provided in any increased text boxes.**
* It is the responsibility of all applicants to clearly demonstrate – by the information which they give in their application form – exactly how they meet the essential (and desirable if applicable) criteria for the post as stated. Failure to do so may result in not being short-listed.
* Candidates should complete their application form fully. Please ensure **ALL** sections are completed.
* Your application will be shortlisted solely on the basis of information provided by you on the application form.
* Where a high volume of applications is received, desirable criteria may be relied upon during shortlisting.
* Answers must be provided for all questions on the application form – e.g. “as above” will not be accepted as an answer to questions.
* All information provided by an applicant on an application form must be true and accurate. Any application form containing information that is discovered to be untrue or inaccurate will not be accepted. If an appointment has already been made, it may result in disqualification from appointment or dismissal.
* Applications submitted by email will require a handwritten signature at interview.
* If you require this document in an alternative format, please contact Human Resources.

**RETURN OF APPLICATIONS**

* Application forms should, where possible, be submitted by email, to [recruitment@copni.org](mailto:recruitment@copni.org) but may also be hand delivered or posted to the address shown on the covering page.
* If posting, please ensure you leave sufficient time for it to be received by the deadline and that your application is signed and dated. Please bear in mind that 1st class mail does not guarantee next day delivery. Please ensure that posted applications bear the correct amount of postage as any shortfall may lead to a delay in delivery, causing you to miss the closing date. COPNI will not accept any application where there is a shortfall in postage.
* If delivering by hand, please note that it is the responsibility of the candidate to ensure that hand delivered applications have the date and time of delivery recorded on the form/envelop by the receptionist.
* Late applications will not be accepted unless there are extenuating circumstances.
* If you submit your application form electronically you should receive an electronic receipt within one working day. If you do not receive an acknowledgement confirming receipt within three working days of submission, please contact Human Resources.
* We encourage you to retain a copy of your completed application for your own information.

**MONITORING FORM**

* Please complete the Equal Opportunities Monitoring Form included in the application pack. COPNI collects monitoring data to assess the effectiveness of its equality of opportunity measures. Applicants are therefore asked to complete the Equal Opportunities Monitoring Form included in the application pack.
* It is COPNI’s policy that all applicants must return an Equal Opportunities Monitoring Form. Please note, this form is regarded as part of your application and failure to complete and return it will result in disqualification from the recruitment competition.
* The information is used to provide (anonymised) statistical data for all appointments. Completed monitoring forms **will not** be seen by the Selection Panel or form any part of the selection process.

**The Commissioner for Older People for Northern Ireland is an Equal Opportunities employer and welcomes applications from all suitably qualified applicants regardless of religious belief, political opinion, racial group, gender, age, marital status, sexual orientation and whether or not they possess a disability or have or do not have dependents. Applications from young people (under the age of 35), people with a disability, and people from minority communities are particularly welcomed for this post.**

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| **SECTION B: PERSONAL DETAILS** |

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| **Title:**  (Professor / Dr / Mr / Mrs / Ms / etc ) |  |
| **Surname:** |  |
| **Forenames:**  (Please underline the name by which you are known) |  |
| **Permanent Address:**  (including post code) |  |
| **Address for Correspondence:**  (if different from above) |  |

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| **Contact Details** (include STD code where appropriate) | | | | | | |
| Home Tel No: |  | | | | | |
| Mobile No: |  | | | | | |
| Office Tel No: |  | | | | | |
| Email address: |  | | | | | |
| How would you prefer to be contacted?  Please **tick** appropriate box(es). *(If typing, click on box and insert a capital P)* | | Telephone | | | Email | Post |
| Home   | Mobile   | Office   |  |  |

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| **National Insurance No** |  |  |  |  |  |  |  |  |  |

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| **SECTION C: ADDITIONAL INFORMATION** |

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| **Availability for interview** |  |  |
| Are there any dates when you would be unavailable for interview, if invited? **Tick to confirm** *(If typing, click on box and insert a capital* ***P****)* | **YES** | **NO** |
| If Yes, please give details below: | | |
| Please note that whilst COPNI endeavours to arrange interview dates suitable for all shortlisted candidates, this may not always be possible. | | |

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| **Availability to Start (Notice requirements)** |
| If appointed, when could you start? |

**Criminal convictions**

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| COPNI requires all prospective employees to disclose criminal convictions, cautions or bind-overs. Unprejudiced consideration will be given to candidates who disclose cautions, convictions, or bind-overs, unless they are manifestly incompatible with the post in question. | | |
| Do you have a criminal conviction, caution, or bind-over?  **Tick to confirm** *(If typing, click on box and insert a capital* ***P****)* | **YES** | **NO** |
| If Yes, please give details below: | | |
| This information will be held in strict confidence. All appointments of prospective employees are subject to Access NI criminal conviction check. | | |

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| **Work permit** | | |
| Do you need a work permit to work in the UK?  **Tick to confirm** *(If typing, click on box and insert a capital* ***P****)* | **YES** | **NO** |
| If yes, please give details below: | | |

**Vacancy information**

How did you find out about this vacancy? (Please tick the relevant box:)

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| --- | --- | --- | --- |
| COPNI website |  | COPNI Facebook |  |
| COPNI Twitter (X) |  | COPNI LinkedIn |  |
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| Newspaper or Journal |  | Name of publication |  |
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| Other website / social media platform |  | Name of website / social media platform |  |
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| Word of mouth |  |  |  |
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| Elsewhere |  | Please specify |  |

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| **Vetting and application form declaration** | |
| I agree to my details being passed to AccessNI in order that a criminal conviction check can be carried out and that the result, including a copy of any cautions or convictions whether live or spent, will be disclosed to COPNI in confidence.    I declare that the information given by me in this application form is, to the best of my knowledge true and complete. I understand that any misinformation will disqualify me from appointment or may lead to dismissal if an appointment is made | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION D: GUARANTEED INTERVIEW SCHEME** |

COPNI will operate the Guaranteed Interview Scheme (GIS) for this appointment process.

The aim of the GIS Scheme is to provide applicants with a disability, who demonstrate that they meet the criteria for the post, a guaranteed invitation to interview.

To be eligible for the GIS you must be considered as disabled under the Disability Discrimination Act 1995 which defines a person with a disability as someone who has, or has had in the past, a physical or mental impairment which has had a substantial adverse long-term effect on their ability to carry out normal day to day activities.

Please tick *(if typing use a capital* ***P****)* in the box below and sign and date if you wish to be considered under the Guaranteed Interview Scheme.

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| **I consider myself to have a disability as defined above and I would like to apply under the Guaranteed Interview Scheme. I understand that a false declaration of a disability in order to obtain an interview will invalidate my application**   |  |  |  |  | | --- | --- | --- | --- | | **Signature:** |  | **Date:** |  | |

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| **SECTION D1: REASONABLE ADJUSTMENTS** |

Please let us know below if you require any reasonable adjustments, or arrangements to enable you to attend for interview. The selection panel will only be advised of any adjustments they need to know about in order to manage the interview.

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| **SECTION E: EDUCATION AND QUALIFICATIONS** |

It is important that qualifications are clearly listed showing examination body, year of qualification, grade obtained etc. and any other relevant details. If you do not possess the specified qualifications, you should clearly indicate those qualifications which you are claiming are equivalent and on what basis they are equivalent to those specified

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| **SECONDARY EDUCATION (GCSEs, A LEVELS)** | | | |
| Examining Body / qualification | Subject and level | Grade / Result | Year Awarded |
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| **FURTHER HIGHER LEVEL EDUCATION / QUALIFICATION (Full- time, part-time)** | | | |
| Examining Body / qualification | Subject and level | Grade / Result | Year Awarded |
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| **OTHER TRAINING / COURSES:** Please provide details of any other relevant courses/ training not identified above |
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| **SECTION F: MEMBERSHIP OF PROFESSIONAL BODIES** | | |
| Association Name | Membership No | Level / Status |
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| **SECTION G: EMPLOYMENT HISTORY** |

It is important that you give clear details of your previous work experience, highlighting areas which you believe are relevant to the post. Please provide full details including any gaps in employment. All dates should be in the format - date, month, year i.e. DD/MM/YY. Also state job title(s) and key responsibilities.

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| **CURRENT / MOST RECENT EMPLOYMENT** | | | |
| Name & Address of Employer | Employment Dates | Salary | Reason for leaving |
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| Position held and outline of duties and responsibilities | | | |
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| Please state the amount of notice required by your present employer | | | |
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| **PREVIOUS EMPLOYMENT** | | | | |
| Please give details of all previous positions held by you including voluntary or part-time work and gaps in employment. Please start with the most recent position. All dates should be in the format - date, month, year i.e. DD/MM/YY. Also state job title(s) and key responsibilities. | | | | |
| Name & Address of Employer | Employment Dates | Position held and outline of duties and responsibilities | Salary | Reason for leaving |
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| **PREVIOUS EMPLOYMENT (Continued)** | | | | |
| Please give details of all previous positions held by you including voluntary or part-time work and gaps in employment. All dates should be in the format - date, month, year i.e. DD/MM/YY. Also state job title(s) and key responsibilities. | | | | |
| Name & Address of Employer | Employment Dates | Position held and outline of duties and responsibilities | Salary | Reason for leaving |
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| **PREVIOUS EMPLOYMENT (Continued)** | | | | |
| Please give details of all previous positions held by you including voluntary or part-time work and gaps in employment. All dates should be in the format - date, month, year i.e. DD/MM/YY. Also state job title(s) and key responsibilities. | | | | |
| Name & Address of Employer | Employment Dates | Position held and outline of duties and responsibilities | Salary | Reason for leaving |
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| **SECTION H: CRITERIA FOR APPOINTMENT** |

In the following section you are asked to provide evidence which demonstrates how you meet each of the essential and desirable criteria for appointment.

In this section we would like you to provide information which will aid the shortlisting process. 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. COPNI 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 eligibility criteria, the selection panel will reject your application.

The strength and quality of the evidence you provide will be considered by the Selection Panel to assess how well you meet the eligibility criteria and whether your application should proceed to the next stage of the selection process.

To effectively demonstrate your ability to meet each criteria you are required to describe, by means of examples,tasks and actions that you have undertaken that are relevant to each of the criteria. Please describe what *you* did and how *you* behaved. If your example includes activities undertaken by a team it is important that you focus on *your role* in the team and not that of the team as a whole. It is not sufficient to simply provide a list of the positions you have held. The Selection Panel cannot make assumptions as to your skills, knowledge, and experience from the title of previous posts held.

Please also bear in mind the following points:

* you should use plain and easy to understand language in your examples to describe what you have done;
* use actual examples, rather than ‘how you would do something’;
* you can use examples from your working life where appropriate, or from your personal life, including any voluntary or community work you are or have been involved in;
* avoid statements that describe your personal beliefs or philosophies; focus on specific challenges and results; and
* if possible, quantify/qualify your accomplishments.

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| **ESSENTIAL CRITERIA (Eligibility criteria)** |
| **CRITERIA 1:** Be qualified as a solicitor entitled to practice in Northern Ireland or in a position to become so entitled by the date of appointment. |
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| **ESSENTIAL CRITERIA (Eligibility criteria)** |
| **CRITERIA 2:** Have at least 3 years’ post qualification experience within the last 5 years in at least two of the following areas: constitutional law, administrative / public law (including judicial review), contract law, employment law, civil litigation, human rights law, family law. |
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| **ESSENTIAL CRITERIA (Eligibility criteria)** |
| **CRITERIA 3:** Experience of gathering and analysing information, including taking instructions, conducting enquiries, and preparing evidence to support legal casework. |
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| **ESSENTIAL CRITERIA (Eligibility criteria)** |
| **CRITERIA 4:** One year’s experience of supervising or managing staff. |
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| **ESSENTIAL CRITERIA (Eligibility criteria)** |
| **CRITERIA 5:** Have the ability to create and maintain relationships with key stakeholders. |
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| **ESSENTIAL CRITERIA (Eligibility criteria)** |
| **CRITERIA 6:** The ability to communicate confidently, clearly, and persuasively, both orally and in writing with the ability to understand, value and incorporate different perspectives. |
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| **DESIRABLE CRITERIA (Short-listing criteria)** |
| **CRITERIA 7:** An understanding of issues affecting older people covered by the Commissioner for Older People for Northern Ireland’s remit. |
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| **DESIRABLE CRITERIA (Short-listing criteria)** |
| **CRITERIA 8:** Knowledge and understanding of Health and Social Care systems and services pertaining to or affecting older people |
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| **SECTION I: ADDITIONAL INFORMATION** |

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| Include any other information which you believe is relevant to your application |
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| **SECTION J: REFERENCES** |

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| Please provide the required information of two persons not related to you, to whom references may be sent to covering the last 3 years of employment. **One of your referees must be either your current or previous employer** (if any), and both should be able to comment on your ability to carry out the particular tasks of this job.  Please provide the required information of two persons not related to you, to whom references may be sent to covering the last 3 years of employment. One of your referees must be either your current or previous employer (if any), and both should be able to comment on your ability to carry out the particular tasks of this job.  Please provide the required information of two persons not related to you, to whom references may be sent to covering the last 3 years of employment. One of your referees must be either your current or previous employer (if any), and both should be able to comment on your ability to carry out the particular tasks of this job. |

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| **Referee No 1** |

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| Title: (Professor / Dr / Mr / Mrs / Ms / etc ) |  |
| Name: |  |
| Job Title: |  |
| Name of Organisation: |  |
| Address:  (including post code) |  |
| Telephone Number: |  |
| Email address: |  |

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| **Referee No 2** |

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| Title: (Professor / Dr / Mr / Mrs / Ms / etc ) |  |
| Name: |  |
| Job Title: |  |
| Name of Organisation: |  |
| Address:  (including post code) |  |
| Telephone Number: |  |
| Email address: |  |

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| **PART K: DECLARATION** |

**Privacy Notice**

The information that you provide on this application form and that obtained from other relevant sources (e.g., referee reports), will be used to process your application for employment with us. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process. The Human Resources Manager will have access to all of this information.

If you are successful in your application and take up employment with COPNI, the information you have provided will be used in the administration of your employment 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. We will not pass on your information to third parties for marketing purposes or store any of your information outside of the European Economic Area. Information not provided in English may be passed to a third-party translation service.

We will use the contact details you have provided to us to contact you in relation to the progress of your application.

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).

For further information in relation to COPNI’s Privacy Notice go to [www.copni.org](http://www.copni.org).

**Declaration**

* I declare that I have completed this declaration, having read, and understood the information provided in the Information Booklet.
* I undertake to inform COPNI in writing of any change in my circumstances which may occur between the date of my application and any possible date of appointment.
* I understand and accept that my appointment will be subject to pre-employment checks including a criminal history record check.
* In the event of an appointment being offered I give my consent for the Commissioner for Older People to contact my nominated referees as well as my present and previous employers.
* I declare that the information I have given in support of my application is true and accurate to the best of my knowledge and belief. I understand that if I am found to have suppressed any material fact or to have given false answers, I will be liable to disqualification or, if appointed, to dismissal.
* I understand and accept that the information I have provided will be processed by COPNI, in line with the requirements of the Data Protection Act / General Data Protection Regulation (GDPR). I also understand that information provided by me on my equal opportunities monitoring form will be used for statistical purposes only and will treated in the strictest confidence. I am aware that a copy of COPNI’s Privacy Notice is available on the COPNI website.

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| Name in Print: |  |

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| Signature: |  |

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| Date: |  |

It is the responsibility of the applicant to ensure the application form reaches the address below by the closing date and time for the competition. It is therefore important that when returning application forms by mail, the applicant applies sufficient postage to ensure the forms reach the stipulated destination on time. The HR department will not accept late applications or an application where we are asked to pay any shortfall in postage by the mail service provider.

Please return the completed application form by email to [recruitment@copni.org](mailto:recruitment@copni.org) or by post/hand delivery in an envelope marked: **PRIVATE AND CONFIDENTIAL** to

**Commissioner for Older People Northern Ireland**

**Human Resources Department**

**7-9 Shaftesbury Square**

**Belfast**

**BT2 7DP**

Your application must be received no later than **12noon on** **Thursday 11th September 2025.**

**Please note – the equality monitoring form can be found on the subsequent pages of this document.**

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| **PART L: EQUALITY MONITORING FORM** |

COPNI selects those suitable for appointment solely on the basis of merit without regard to an individual’s disability, race, religion, or sex. COPNI collects monitoring data to assess the effectiveness of its equality of opportunity measures. Applicants are therefore asked to complete this Equal Opportunities Monitoring Form.

It is COPNI’s policy that all applicants must return an Equal Opportunities Monitoring Form, Please note, this form is regarded as part of your application and failure to complete and return it will result in disqualification from the recruitment competition.

The information is used to provide (anonymised) statistical data for all appointments, and we would encourage you to respond to all sections and return this with your application.

Completed monitoring forms **will not** be seen by the Selection Panel or form any part of the selection process.

**1. Age:** Please provide your date of birth: \_\_\_/\_\_\_/\_\_\_

**2. Gender:** Please indicate your gender by ticking the appropriate box below:

Male  Female

**3. Community Background:** Regardless of whether they actually practice a particular religion, most people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities. 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

*If you do not answer the above question, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information supplied by you in your application form.*

**4. Race:** Please state your nationality:

My Nationality is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate your race or colour or ethnic or national origins:**

White  Chinese

Irish Traveller  Indian

Pakistani  Bangladeshi

Black Caribbean  Black African

Black Other

Mixed ethnic group (please state which): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other ethnic group (please state which): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. 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 substantial and long-term adverse effect on his/her ability to carry out 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. Do you consider that you meet this definition of disability?

Do you consider yourself to have a disability?

Yes  No

**If you answered “yes”, please indicate the nature of your impairment by ticking the appropriate box or boxes below:**

**Physical impairment**, such as difficulty using your arms,

or mobility issues requiring you to use a wheelchair or crutches:

**Sensory impairment**, such as being blind or having a serious visual

impairment, or being deaf or having a serious hearing impairment:

**Mental health condition,** such as depression or schizophrenia:

**Learning disability or difficulty,** such as Down’s Syndrome or dyslexia,

or **Cognitive impairment**, such as autistic spectrum disorder:

**Long-standing or progressive illness or health condition,** such as

cancer, HIV infection, diabetes, epilepsy, or chronic heart disease:

Other (please specify):

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**5. Sexual Orientation:** Please indicate your sexual orientation by ticking the appropriate box below:

My Sexual Orientation is towards:

Persons of a different sex to me:

(i.e. I am a heterosexual man or woman)

Persons of the same sex as me:

(i.e. I am a gay man or a lesbian)

Persons of both sexes:

(i.e. I am a bisexual man or woman)

**6. Marital Status / Civil Partnership Status:** Please indicate whether you are married or in a civil partnership by ticking the appropriate box below:

Are you married or in a civil partnership?

Yes  No

**7. Dependants / Caring Responsibilities:** Do you have dependants, or caring responsibilities for family members or other persons?

Yes  No

If you answered “yes”, please indicate whether your dependants or the people you look after are: (Please tick the appropriate box or boxes):

A child or children:

A disabled person or persons:

An elderly person or persons:

Other (please specify):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information will be treated in the strictest confidence and protected from misuse and will not form part of your application. It will be used only for the purpose of monitoring our equal opportunity employment policy.

THANK YOU