# SGSA Application Form

Job being applied for: Inspector (Northern Ireland)

Grade: Band A National

Salary: £20,166 (based on two days per week and subject to an annual pay award).

Closing date for applications: 23:55 1st January 2025

Completed applications should be emailed to: [recruitment@sgsa.org.uk](mailto:recruitment@sgsa.org.uk)

Please ensure you read the application pack before completing this form.

Please complete this form accurately and in as much detail as possible using typescript or **BLACK INK**. Only information presented in the format of this application form will be considered.

## Section 1 – Personal details

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename** |  | **Surname** |  |
| **Title** |  | **National insurance no** |  |
| **Home address (including postcode)** |  | **Contact number** |  |
| **Email address** |  |

## Section 2 – References

Please provide details of two employment related referees, **including your current employer**.

|  |  |
| --- | --- |
| **Reference 1** | |
| **Name** |  |
| **Position** |  |
| **Organisation** |  |
| **Email address** |  |
| **Contact number** |  |
| **Can the SGSA contact prior to interview?** |  |

|  |  |
| --- | --- |
| **Reference 2** | |
| **Name** |  |
| **Position** |  |
| **Organisation** |  |
| **Email address** |  |
| **Contact number** |  |
| **May the SGSA Can prior to interview?** |  |

## Section 3 – Employment history

Please detail the **last ten years** of your employment history starting with your current or most recent employer. (Copy and paste previous employment boxes if further space needed.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Current / most recent employment** | | | |
| **Job title** |  | **Start date** |  |
| **Name of employer** |  | **Current /most recent salary** |  |
| **Main duties and areas of responsibility** | | | |
|  | | | |
| **Reason for leaving** |  | **Date left or notice period (whichever applicable)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous employment** | | | |
| **Job title** |  | **Start date** |  |
| **Name of employer** |  | **Date left** |  |
| **Main duties and areas of responsibility** | | | |
|  | | | |
| **Reason for leaving** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Job title** |  | **Start date** |  |
| **Name of employer** |  | **Date left** |  |
| **Main duties and areas of responsibility** | | | |
|  | | | |
| **Reason for leaving** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Job title** |  | **Start date** |  |
| **Name of employer** |  | **Date left** |  |
| **Main duties and areas of responsibility** | | | |
|  | | | |
| **Reason for leaving** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Job title** |  | **Start date** |  |
| **Name of employer** |  | **Date left** |  |
| **Main duties and areas of responsibility** | | | |
|  | | | |
| **Reason for leaving** |  | | |

## Section 4 – Qualifications

Please outline your formal qualifications and professional training completed relevant to this role.

|  |
| --- |
| **Formal qualifications** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of institution (School / College / University / training provider)** | **Date qualification completed** | **Subject / Examinations taken** | **Result / Grade Obtained** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Professional training** |

|  |  |
| --- | --- |
| **Name of course** | **Date completed** |
|  |  |

## Section 5 – Supporting information

Please outline your experience in relation to the essential and desirable criteria specified in the Person Specification.

Only those applicants who clearly demonstrate relevant achievement, experience, knowledge and understanding of the essential criteria will go forward to the next stage of the recruitment and selection process. Desirable criteria may also be used for shortlisting purposes.

It is not acceptable to simply restate the criteria. E.g. “I have experience in using Microsoft Office”. Applicants must clearly demonstrate experience giving examples.

There is a maximum word count of 500 words for each of the essential and desirable criteria supporting information boxes.

|  |  |  |
| --- | --- | --- |
| **Please confirm the following** | **Yes** | **No** |
| You have the ability to work irregular and unsocial hours as required involving work outside normal office hours, at evenings, weekends and Bank Holidays. |  |  |
| You have a valid driving licence and exclusive use of a car/motorbike to allow the full requirements of the post to be met and is insured for use when travelling on SGSA business. |  |  |

|  |
| --- |
| **Essential criteria** |
| **Please outline how you meet the essential criteria:**   * **Interpersonal skills.** You will need to build and maintain strong working relationships with individuals in different organisations. * **Knowledge of relevant legislation.** A detailed knowledge of the legislation which sports grounds in Northern Ireland are subject to. * **Record management and report writing skills.** SGSA staff have a responsibility to maintain clear and accurate records and should possess good report writing skills. * **Time management skills.** Inspectors must balance office-based work with conducting matchday inspections which take place on the weekend and in the evenings. The SGSA provides flexible working arrangements to accommodate this, but it’s an individual’s responsibility to manage their time effectively. * **Professional.** Theability to work unsupervised for long periods of time, but also able to work within a team environment and demonstrate good planning and organisational skills to meet tight deadlines and manage multiple priorities. * **Understanding risk management.** Safety at sports grounds is all about understanding and mitigating risk. You should understand risk management (though not necessarily from a sporting perspective).   **(Maximum 500 words)** |
|  |
| **Please outline how you meet the Desirable Criteria.**   * Degree or professional qualification. * Experience and/or understanding of the application of integrated safety management in a non-sports ground setting. * Experience of working with sports at a national and/or international level. * Experience of developing and delivering training. * Auditing experience.   **(Maximum 500 words)** |
|  |

## Section 6 – Declaration and signature

The statements given by me on this application are to the best of my knowledge and belief true. I understand that deliberate falsification of factual information may prejudice my application or lead to an offer of appointment being withdrawn.

**Signature: Date:**

Data Protection Act/GDPR

Your information will be held and managed in accordance with the Data Protection Act/GDPR policies and procedures, including those relating to retention and disposal. The information will be used only for the purposes of this recruitment competition.

Application Submission

All completed applications should be sent to [recruitment@sgsa.org.uk](mailto:recruitment@sgsa.org.uk) before the closing time and date.

All received applications will be acknowledged by the SGSA.

# Equality Monitoring Form

The Sports Grounds Safety Authority (SGSA) is committed to ensuring that its services are accessible to everyone regardless of race, gender, ability, religion, sexual orientation or age.

We recognise that some people may regard some of this information as personal and we have, therefore, included an option in most questions for ‘prefer not to say’. You do not have to complete all of this form but it will help us improve our services if you can complete as much as possible and return the form.

All information SGSA collects around equality and diversity will be treated confidentially in accordance with data protection requirements and will be stored on the SGSA database. Access to this information will be restricted to staff involved in the processing and monitoring of this data. It will be used to provide statistical information only.

This equality monitoring form will not be seen by recruitment panel.

Please give your consent below for your information to be stored and used in this way.

|  |  |
| --- | --- |
| **Name of Applicant:** |  |
| **Post Applied For:** |  |
| **Where did you see the job advert?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Age** | | | |
| Date of Birth |  | Prefer not to say |  |

**Which groups do you most identify with? Please mark with an X in each of the sections below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2. Gender** | | | | | |
| Female |  | Male |  | Prefer not to say |  |
| **Do you identify as transgender?**  For the purpose of this question ‘transgender’ is defined as an individual who lives, or wants to live, in the gender opposite to that they were assigned at birth. | | | | | |
| Yes |  | No |  | Prefer not to say |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 3. Disability | | | | | |
| The Disability Discrimination Act defines a person as disabled if ''they have a physical or mental impairment, which has a substantial and long term (has lasted, or is expected to last, for at least 12 months) adverse effect on their ability to carry out normal day to day activities''.  Taking this into account, do you consider yourself to be a disabled person? | | | | | |
| Yes |  | No |  | Prefer not to say |  |

If you have answered yes, please indicate the type of impairment which applies to you. If your experience more than one type of impairment, please tick all the types that apply. If your disability does not fit any of these types, please mark Other and specify.

|  |  |
| --- | --- |
| Physical/mobility impairment, such as a difficulty using your arms or mobility issues which require you to use a wheelchair or crutches |  |
| Visual impairment, such as being blind or having a serious visual impairment |  |
| Hearing impairment, such as being deaf or having a serious hearing impairment |  |
| Mental health condition, such as depression or schizophrenia |  |
| Learning disability/difficulty, such as Down’s syndrome or dyslexia or a cognitive impairment such as autistic spectrum disorder |  |
| Long-standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy |  |
| Other (Please specify below) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 4. Ethnic Origin | | | |
| **Asian or British Asian** | | **Black or Black British** | |
| Bangladeshi |  | Black African |  |
| Indian |  | Black Caribbean |  |
| Pakistani |  | Other Black or Black British background\* |  |
| Other Asian or British Asian background \* |  |  | |
| **Mixed** |  | **White** |  |
| White and Asian |  | British |  |
| White and Black African |  | Irish |  |
| White and Black Caribbean |  | European |  |
| Other Mixed background\* |  | Other White background\* |  |
| **Chinese or Chinese British** |  | **Other Ethnic Group** |  |
| Chinese |  | Other Ethnic Group\* |  |
| \*Any Other: Please Specify below | | Prefer not to say |  |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **5. Sexual Orientation** | | | |
| Bisexual |  | Gay man |  |
| Heterosexual |  | Lesbian |  |
| Prefer not to say |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **6. Religion and Belief** | | | |
| Buddhist |  | Christian (all denominations) |  |
| Hindu |  | Jewish |  |
| Muslim |  | Sikh |  |
| Other:\* |  | No Religion: |  |
| \*Any other, please specify below | | Prefer not to say |  |
|  | | | |

|  |  |
| --- | --- |
| **7. Community background** | |
| **Please indicate your community background:** | |
| I have a Protestant community background |  |
| I have a Roman Catholic community background |  |
| I have neither a Protestant nor a Roman Catholic community background |  |

**Thank you for completing this form. The information it contains will be treated in the strictest confidence.**