

# **Application for Position of Investigation Officer**

**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.**
* **Completed application forms must be received no later than 4.00 p.m. on Friday 2nd May 2025. Forms must be e**-**mailed to:** [**recruitment@policeombudsman.org**](mailto:recruitment@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.)*
* **The Equal Opportunities Form is an integral part of this application form and must be completed to ensure the Office meets its equality monitoring obligations.**

Corporate Services Directorate (Human Resources)

Office of the Police Ombudsman

New Cathedral buildings

11 Church Street

Belfast BT1 1PG

**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) | Title:  (Mr/Mrs/Ms/Dr/Prof etc.,) |
| Address:  Postcode: | |  |
| Telephone Numbers  Home:  Mobile: | | National Insurance Number: |
| Email: |
| Notice Period Required for Current Employment | |  |

**2. Employment History**

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

**3. Referees**

Reason for Leaving

Dates (Month and Year)

From To

Position Held

Employer Name and Nature of Organisation

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: | Email Address: |

|  |  |
| --- | --- |
| Name  Designation/Occupation | |
| Address  Postcode: | |
| Tel No: | Email Address: |

**4. Interview Arrangements**

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| Please give details of any special arrangements required at the interview centre. |
| Guaranteed Interview Scheme  We guarantee to interview anyone with a disability whose application meets the minimum criteria for the post. By ‘minimum criteria’ we mean that you must provide us with evidence in your application form which demonstrates that you generally meet the level of competence required for each competency, as well as meeting any of the qualifications, skills or experience defined as essential. The Office of the Police Ombudsman is committed to the employment and career development of disabled people (the minimum criteria means the essential competences as set out in the advertisement for the post).  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.  Are you applying under the Guaranteed Interview Scheme – Yes/No |
| Have you previously applied for any posts within this office?  If so, please give details. |
| Where did you learn about this vacancy? |

**5. Additional information**

|  |  |
| --- | --- |
| The Office requires all applicants to declare convictions.  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 |
|  |  |

|  |  |
| --- | --- |
| The roles and duties of staff within the Office requires that employee integrity is of a high standard and will not jeopardise evidence they may have to give in court. Applicants must declare if they have received any formal disciplinary warnings during the course of their employment, which is related to integrity and honesty. 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 |  |
| Have you received any disciplinary warnings related to integrity or honesty?  If yes, please give details in a separate, sealed envelope marked confidential. | Yes / No |

*Please note information supplied in connection with the above may impact on your application being processed.*

**6. Selection Criteria**

**6.1 Essential Criteria**

In the sections below please outline how you meet the Essential Criteria as outlined in the Candidate Information Booklet.

**6.1.1** – It is essential that candidates have -

|  |
| --- |
| A degree level qualification or equivalent and a minimum of 1 years’ established investigative experience\* gained through criminal justice or equivalent professional investigations. \* See Candidate Information Pack for further information on Definition of Investigative experience |
| **OR**  In the absence of the educational qualification have a minimum of 3 years established investigative experience\* gained through criminal justice or equivalent professional investigations. \* See Candidate Information Pack for further information on Definition of Investigative experience |
| **6.1.2** Have accreditation at PIP (Professionalising Investigations Programme) Level 1 (or above). |
| **OR**  Declare a commitment to undertake the PIP accreditation programme with PONI |

**6.2 Desirable Criteria**

**6.1.3**

Hold a current driving licence, which meets Northern Ireland road traffic legislation

**OR**

\*Have access to a means of transport that will enable them to undertake the duties of the post in full.

\*This relates only to any person who has declared that they have a disability which debars them from driving.

In the sections below please outline how you meet the Desirable Criteria as outlined in the Candidate Information Booklet.

**6.2.1**

Experience in the use of digital media to assist in the investigation process.

**6.3 Conflict of Interest**

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| Please outline any possible conflicts of interest which may impact on your capacity to fill this role with the Office. Please be aware that the subject of conflicts of interest will be discussed during the interview. |

**Declaration**

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| 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: ……………………….. |

* **Please Note:** **The Equal Opportunities Form is an integral part of this application form and must be completed to ensure the Office meets its equality monitoring obligations. The form and guidance notes can be found on the following 4 pages.**

**POLICE OMBUDSMAN FOR NORTHERN IRELAND**

## SUMMARY MONITORING INFORMATION

|  |
| --- |
| Monitoring Reference Number: **OPONI IO 08/2025/** |

**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:-