



## THE COMMISSIONER FOR SURVIVORS OF INSTITUTIONAL CHILDHOOD ABUSE

### **APPOINTMENT OF A MEMBER TO THE AUDIT AND RISK ASSURANCE COMMITTEE** (Ref: ARAC/21/11)

#### **Completed applications should be returned by**

Email to: **Fiona.Lavery@cosica-ni.org**

or by post: Commissioner for Survivors of Institutional Childhood Abuse  
5<sup>th</sup> Floor South  
Queen's Court  
56 – 66 Upper Queen Street  
Belfast  
BT1 6FD

**The closing date for the return of completed applications is:  
12 noon on Friday 12 November 2021**

**PART A: NOTES ON COMPLETION OF APPLICATION FORM**

Please bear in mind the following when completing your application:

- **It is strongly recommended that you read this Guidance Note and 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 CAPITALS 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.
- 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.

**RETURN OF APPLICATIONS**

- Application forms should, where possible, be submitted by email, to [fiona.lavery@cosica-ni.org](mailto:fiona.lavery@cosica-ni.org), but may also be posted to the address shown on the covering page (please ensure you leave sufficient time for this to be received by the deadline and that your application is signed and dated). Please note that due to the COVID-19 crisis, our office is operating blended working and there may be a delay in processing postal applications.
- If you post your application, 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. COSICA will not accept any application where there is a shortfall in postage.

- 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 us.
- We encourage you to retain a copy of your completed application for your own information.

**The Commissioner for Survivors of Institutional Childhood Abuse 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 dependants.**

**PART B: PERSONAL DETAILS**

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

|   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Contact Details</b> (include STD code where appropriate)   |                          |                          |                          |                          |                          |
| Home Tel No:  |                          |                          |                          |                          |                          |
| Mobile No:  |                          |                          |                          |                          |                          |
| Office Tel No:  |                          |                          |                          |                          |                          |
| Email address:  |                          |                          |                          |                          |                          |
| How would you prefer to be contacted?<br><br>Please <b>tick</b> appropriate box.<br>(If typing use a capital P) | Telephone                |                          |                          | Email                    | Post                     |
|   | Home                     | Mobile                   | Office                   |                          |                          |
|   | <input type="checkbox"/> |

|                              |  |  |  |  |  |  |  |  |  |
|------------------------------|--|--|--|--|--|--|--|--|--|
| <b>National Insurance No</b> |  |  |  |  |  |  |  |  |  |
|------------------------------|--|--|--|--|--|--|--|--|--|

**PART C: GUARANTEED INTERVIEW SCHEME**

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

The aim of the GIS 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.

**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: \_\_\_\_\_

**C1: 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.

**PART D: PROBITY AND CONFLICTS OF INTEREST**

Before you complete this section, it is important that you read Section 8 on page 13 of the Candidate Information Booklet, which is included in your information pack. In completing this section, you should take into account all of your current commitments (remunerated or unremunerated) including employment, company directorships, voluntary and community work.

*(If typing use Capital P) Tick to confirm)*

|   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| Have you, or your immediate family, any business or other interests or personal connections that might be, or perceived to be, in conflict with the appointment for which you have applied? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any other probity issues, which might cause embarrassment if, in future, they are raised in public?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you, or have you in the past been, involved in activities that could call into question your own reputation and/or damage the reputation of the public body(s)?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a serving civil servant or former civil servant whose last day of paid service was within the last 2 years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you an un-discharged bankrupt or have you made an arrangement with creditors and have not been discharged in respect of it?   | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **YES** to any of the above, please provide details below

**Note:** any potential probity issues or conflicts of interest detailed above will not prevent you from being called for interview but will be explored with you at that time to establish how you would address the issue should your application be successful.



**PART G: EDUCATION AND QUALIFICATIONS**

Please list all your educational and professional qualifications held

| Educational / professional qualification held | Grade and date obtained |
|---|-------------------------|
|   |                         |

**PART F: CRITERION FOR APPOINTMENT**

In the following section you are asked to provide evidence which demonstrates how you meet each of the following essential 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. COSICA 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 criterion you are required to describe, by means of examples, tasks and actions that you have undertaken that are relevant to each of the essential 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;
- you should 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.

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. COSICA 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.

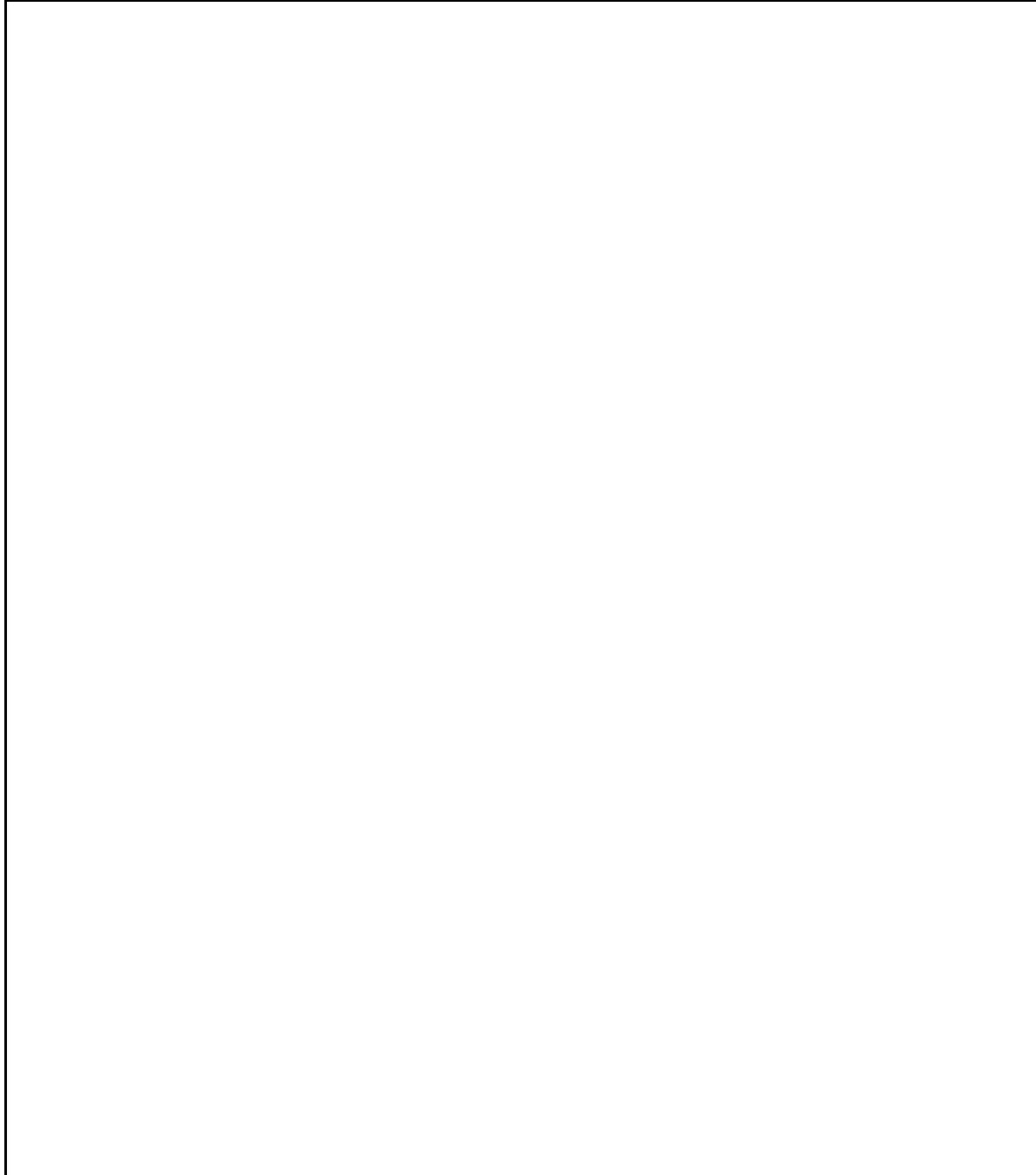
**CRITERION 1.**

Five years' experience at Board level with specific responsibilities in **at least one** of the following areas:

- Accounting
- Risk Management
- Audit
- Specialist issues relevant to an organisation's business e.g., Finance, HR, Legal Services, Service Improvement, Policy and Research experience/skills

**CRITERION 2.**

A broad understanding of public sector governance, particularly accountability structures.



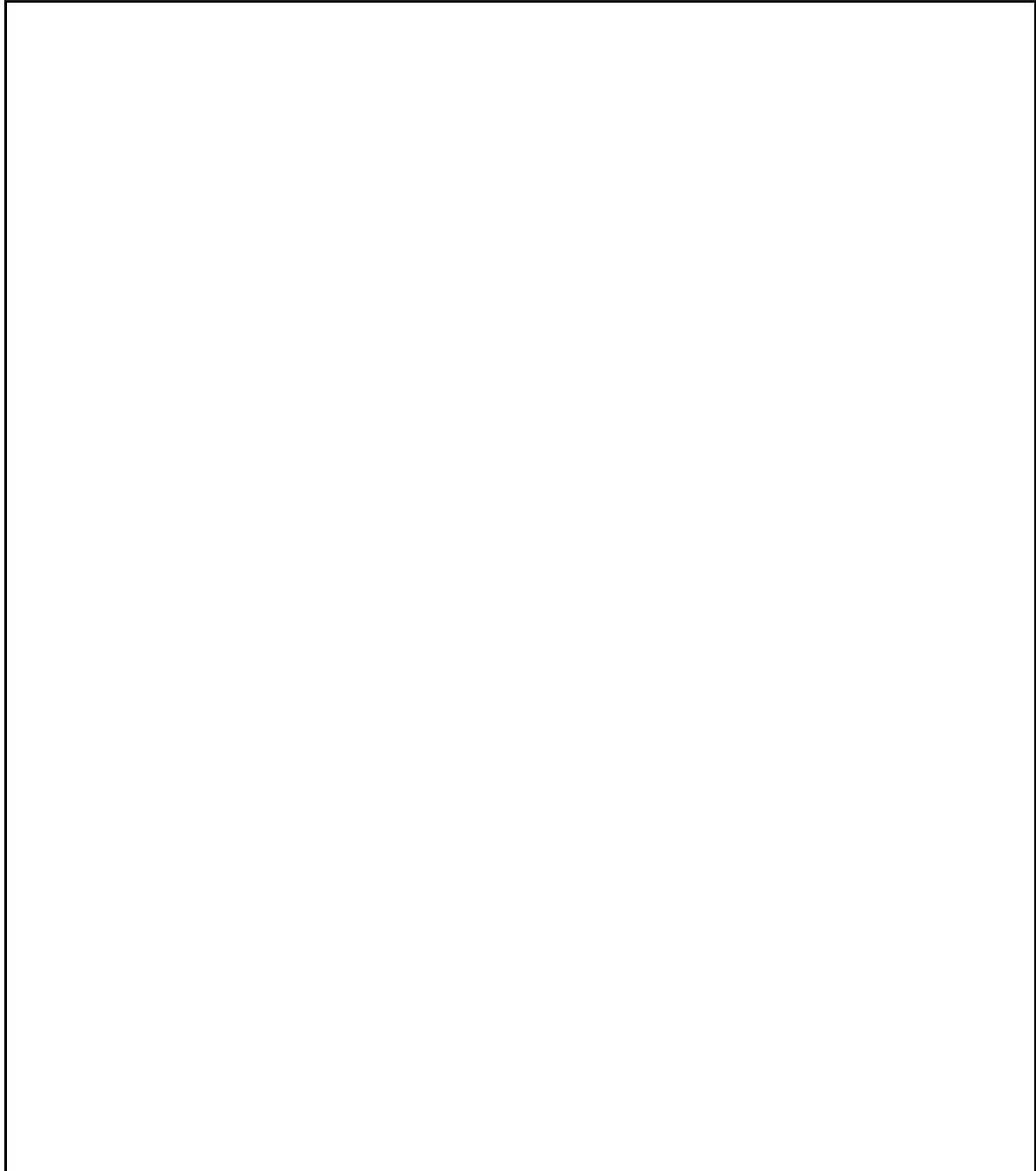
**CRITERION 3.**

An ability to think strategically and possess good communication and interpersonal skills.

A large, empty rectangular box with a thin black border, occupying the central portion of the page. It is intended for the candidate to provide evidence or examples related to the criterion described above.

**CRITERION 4.**

A knowledge of key issues affecting Victims and Survivors

A large, empty rectangular box with a thin black border, occupying the central portion of the page. It is intended for the user to provide a response to the criterion above.

**PART G: DECLARATION**

- I understand that, if appointed, I must raise with the Commissioner and the Grade 7, any probity or conflict of interest issues that might arise during my term of appointment and that my failure to do so could lead to my appointment being terminated.
- I declare that I have completed this declaration, having read and understood the information provided in the Information Booklet.
- I understand and accept that my appointment is subject to a criminal history record check.
- I declare that I have been made aware of the standards of behaviour required of those who serve on public bodies and confirm my commitment to maintaining high standards of behaviour should my application be successful.
- 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 COSICA, in line with the requirements of the Data Protection Act / General Data Protection Regulation (GDPR), for the purposes of making appointments; and that this may involve disclosing information to other government departments or anonymously in response to Assembly Questions and other enquiries. I also understand that information provided by me on my equal opportunities monitoring form will be used for statistical purposes only and will be treated in the strictest confidence.
- I understand that some of the information I have provided will be included in a press release announcing my appointment and therefore placed in the public domain.

Name in print: \_\_\_\_\_

Signature: \_\_\_\_\_

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. COSICA 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 [Fiona.Lavery@cosica-ni.org](mailto:Fiona.Lavery@cosica-ni.org) or by post/hand delivery in an envelope marked: **PRIVATE AND CONFIDENTIAL** to

**Commissioner for Survivors of Institutional Childhood Abuse  
5<sup>th</sup> Floor South  
Queen's Court  
56-66 Upper Queen Street  
Belfast  
BT1 6FD**

Your application must be received no later than **12 noon on Friday 12 November 2021**.

Please note that due to the COVID-19 crisis our office is currently operating on a blended work capacity.

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

## PART H: EQUALITY MONITORING FORM

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

You are not obliged to answer the questions on the monitoring form and you will not suffer any penalty if you choose not to do so. Nevertheless we would encourage you to complete it.

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           | <input type="checkbox"/> | Chinese       | <input type="checkbox"/> |
| Irish Traveller | <input type="checkbox"/> | Indian        | <input type="checkbox"/> |
| Pakistani       | <input type="checkbox"/> | Bangladeshi   | <input type="checkbox"/> |
| Black Caribbean | <input type="checkbox"/> | Black African | <input type="checkbox"/> |
| Black Other     | <input type="checkbox"/> |               |                          |

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):

---

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**