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**APPLICATION FORM**

**Deputy Principal (DP) 3 posts**

**Permanent Full-Time**

1. **Planning and Communication Manager**
2. **Logistics Manager**
3. **Electoral Services Manager**

**Completed application forms must**

**be returned by email to Grainne McCarthy (grainne.mccarthy@eoni.org.uk) by**

**12 noon on Friday 26 September 2025**

**EONI is committed to equality of opportunity and**

**welcomes applications from all sections of the community.**

**Applications must be complete in typescript font size 12. CVs or additional pages will not be accepted.**

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| **PERSONAL DETAILS** | | |
|  |  | |
| **Title** |  |
|  |  | |
| **Forename** |  | |
|  |  | |
| **Middle Name(s)** |  | |
|  |  | |
| **Surname** |  | |
|  |  | |
| **Former Surname(s) (if applicable)** |  | |
|  |  | |
| **Address** |  | |
|  |  | |
| **Town** |  | |
|  |  | |
| **Postcode** |  | |
|  |  | |
| **Email address**  **(Required)** |  | |
|  |  | |
| **Mobile Telephone Number**  **(Required)** |  | |

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| **EMPLOYMENT HISTORY (CURRENT/MOST RECENT FIRST)** |

|  |  |  |
| --- | --- | --- |
| **Title of current / most recent role** | | **Name of organisation and date started:** |
|  | |  |
| **Are you still carrying out this role** | | **If you have left the organisation, please provide a brief reason for your leaving including finish date** |
| **Yes** |  |  |
| **No** |  |
| **Please provide a brief description of your role and key achievements**  **(please include start date)** | | |
|  | | |

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| **Previous role title** | **Organisation** |
|  |  |
| **Start date** | **Finish date** |
|  |  |
| **Please provide a brief description of your role and key achievements** | |
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| **Previous role title** | **Organisation** |
|  |  |
| **Start date** | **Finish date** |
|  |  |
| **Please provide a brief description of your role and key achievements** | |
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| **EDUCATION** (please refer to the **Candidate Information Booklet for essential and desirable qualifications** where required) |

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| --- | --- | --- | --- |
| **Date Awarded** | **Subject(s)** | **Type/Level of qualification eg GCSE, A Level, NVQ, Degree** | **Grade/ Result** |
|  |  |  |  |

**Equivalent Qualifications:**

If you are applying for this position on the basis of a qualification(s) which you consider equivalent you must clearly demonstrate the equivalence by providing an explanation below:

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|  |

**Time not accounted for:**

Applicants should provide details of any gaps in the above employment/academic history:

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| **ESSENTIAL CRITERIA** |

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| **Please explain how you meet the essential criteria set out in Deputy Principal specification:**     * Minimum of 2 years’ experience of effective leadership and managing projects and/or operations in a complex environment. * Minimum 2 years’ experience of building and maintaining key senior internal and external stakeholder relationships.   **Please ensure you include dates, length of experience, and specific examples of how you meet the criteria** (no more than 500 words). |
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| **DESIRABLE CRITERIA** |

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| **Please explain how you meet the desirable criteria set out in Deputy Principal specification:**   * Experience in one or more of the following areas: public sector finance**/**procurement; electoral administration**/**registration processes;dealing with enquiries from media/political representatives**.** * Experience of the interpretation and/or operational implementation of legislative requirements. * Experience of working in a politically sensitive environment. * Project management qualification and/or experience. * Experience of using digital tools to manage information, analyse data, and communicate effectively.   **Please ensure you include dates, length of experience, and specific examples of how you meet the criteria** (no more than 500 words). |
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| **CONFLICT OF INTEREST** |

(You must answer these questions fully and accurately, disclosing any activity no matter how small. Given the nature of the Electoral Office, failure to do so can be considered a breach of employment and result in dismissal if appointed.)

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| --- |
| 1. Are you a member of any organisations/societies which might be construedas a potential conflict of interest?   Yes/No |
| 1. Is there any other information, employment background, or personal connections, current or previous, which if you were appointed might give rise to public speculation about a conflict of interest in carrying out this role?   Yes/No |
| 1. Please indicate if you have undertaken any of these activities during the past ten years by ticking all relevant boxes and by providing details of your involvement.   (If you have sought or obtained office as an Independent representative of a particular interest group, you should state this also.)  Obtained office as an MP, MEP, member of N.I. Assembly, local Councillor or other political office.  Stood as a Candidate for one of the above offices.  Held office such as Chair, Treasurer of Secretary of a local branch of a Political Party.  Canvassed on behalf of a Political Party or Candidate or helped either at elections.  Spoken on behalf of a Political Party or Candidate.  Been a member of a Political Party / spoken publicly on behalf of a Political Party or Candidate.  Acted as a political agent in an election.  Worked (either paid or voluntary) for any Political Party or Candidate.  Signed the nomination paper of any Candidate(s).  Convicted of an offence under electoral law.  Undertaken any other political activity which you consider relevant. |
| If you answered yes to (a) or (b) above, or ticked a box at (c) – please provide further details. |

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| **RIGHT TO WORK** |

**Right to Work and Nationality Requirements**

Please refer to this section of the Candidate Information Booklet for guidance. Please state your nationality and the category you are applying under in the box below. If you are applying under categories **iii – vii (see Candidate information booklet)** please provide the requested information in the boxes below. Failure to provide the appropriate information **WILL** result in your application being rejected.

Nationality

Share Code

Do you require a work permit?

Yes No

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| --- | --- |
| If you require a work permit, when does your current permit expire: |  |

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| **REFERENCES** |

Please supply details of two references, which should normally be work related, and at least one of which should be your current (most recent if unemployed) manager. Referees will not be contacted until after a conditional offer of employment has been made.

|  |  |
| --- | --- |
| Reference Name (1) |  |
| Position/Dates worked |  |
| Nature of Relationship |  |
| Address |  |
| Tel No. |  |
| Email address |  |

|  |  |
| --- | --- |
| Reference Name (2) |  |
| Position/Dates worked |  |
| Nature of Relationship |  |
| Address |  |
| Tel No. |  |
| Email address |  |

**Additional information**

|  |  |
| --- | --- |
| Length of Notice |  |

**Further information:**

As an equal opportunity employer, we wish to ensure that all applicants have the opportunity to performance to the best of their ability in the interview situation. If you require any form of reasonable adjustment to complete any part of the selection process in the applicant booklet, please provide details and evidence to support your request. We will only advise the selection panel of adjustments they need to know about:

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| **DECLARATION** |

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1. I have read and understood the information provided in the Candidate Information Booklet and I give permission for the two referees named on this application to be contacted only if I am given a conditional offer for the post.
2. I undertake to inform EONI in writing of any change in my circumstances which may occur between the date of my application and any date of appointment.
3. I confirm I am eligible to work in the UK.
4. I confirm the responses detailed in this application form are 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, will face disciplinary action which may include dismissal, as well as being referred to the police for investigation of fraud.
5. I understand that any appointment is subject to an Access NI / SC check and agree that EONI may store and then dispose of my disclosure certificate, by secure means.

**Signed: Date:**

**This application form should be returned by email along with your completed monitoring form and sent to Grainne McCarthy (**[**grainne.mccarthy@eoni.org.uk**](mailto:grainne.mccarthy@eoni.org.uk)**) by 12 noon on Friday 26 September 2025**

**REF: DP25**

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| **EQUAL OPPORTUNITIES MONITORING FORM** |

**(Return with your application form)**

**Why we are asking you to complete this questionnaire**

In this questionnaire, we ask you to provide us with some information about yourself. We are doing this for two reasons-

1. The information you provide helps us promote equal opportunities in employment, and
2. We **must** monitor Community Background and Sex of job applicants & employees to comply with the Fair Employment and Treatment (NI) Order 1998 and associated regulations.

We process your information lawfully in line with our duties and your rights.

Your answers will not be used to make any unlawful decisions affecting you.

We treat your answers in the strictest confidence. **To protect your privacy, you should not write your name on this questionnaire**. This form carries only your National Insurance Number and only our monitoring officer can match this to your name.

You have rights in respect of personal data we handle. These include the right to know what personal information we are processing about you, and the right to ask us to correct mistakes.

You can find out more about how we will handle your information by contacting Gráinne McCarthy ([grainne.mccarthy@eoni.org.uk](mailto:grainne.mccarthy@eoni.org.uk)), or by consulting our privacy notice <https://www.eoni.org.uk/Privacy-Notice>

**You do not have to answer the questions in this questionnaire. There is no penalty if you choose not to, but for the reasons given above we encourage you to answer.**

**National Insurance Number**

Please provide your National Insurance Number below. This will be used for reference purposes only.

|  |  |
| --- | --- |
| **National Insurance Number** |  |

**Community Background**

Regardless of whether you practice religion, most of us in Northern Ireland are seen as being members of either the Protestant or Roman Catholic communities. We are, therefore, asking you to indicate your community background by ticking the appropriate box below.

**What is your community background?**

I am a member of the Protestant community

I am a member of the Roman Catholic community

I am not a member of either the Protestant community or the Roman Catholic community

**What is your sex?**

Male Female

**What is your Age/Date of Birth?**

Please state your date of birth:

I prefer not to say

**What is Your Marital or Civil Partnership Status?**

Single (never married and never in a civil partnership)

Married or in a civil partnership

Separated (but still married or in a civil partnership)

Divorced, or formerly in a civil partnership that is now legally dissolved

Widowed, or surviving partner from a registered civil partnership

I prefer not to say

**Racial or Ethnic Group**

A person’s racial or ethnic group may depend on several factors including nationality, colour, descent, shared religion, shared language, shared culture and traditions. To reflect this complexity, we ask three different questions. You can answer as many as you like – or none at all – and you can use the space after the ‘any ethnic group nor mentioned above’ option to describe yourself in your own words if you prefer.

**What is your Country of Birth?**

**National Identity**

(eg British, Irish, Northern Irish, English, Polish, Filipino, Canadian, etc.)

**What is your national identity?**

**Ethnic Group**

**What is your Ethnic Group?**

White Chinese

Irish Traveller Roma

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****

Indian Filipino

****

Black African  Black Other

****

Mixed ethnic group (please state which):

Any other ethnic group (please state which):

I prefer not to say

****

**Disability**

**Are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last at least 12 months?**

Day-to-day activities include everyday tasks, for example, eating, eating, washing and going shopping. Include problems related to old age.

No

****

Yes, limited a little

Yes, limited a lot

I prefer not to say

**Dependants and Caring Responsibilities**

**Do you have dependants or caring responsibilities for family members or other persons?**

Yes

****

No

****

I prefer not to say

****

**Religious Belief**

**What is your religious belief?**

Roman Catholic Presbyterian





Church of Ireland Methodist





Other (please specify which):

None



I prefer not to say



**Sexual Orientation**

**What is your sexual orientation?**

I am straight (heterosexual)



I am gay or lesbian



I am bisexual



I prefer to self-describe as:



I prefer not to say

