



APPLICATION FORM

Deputy Chief Electoral Officer Permanent Full-Time

**Completed application forms must
be returned by email to Gráinne McCarthy
(grainne.mccarthy@eoni.org.uk) by
12 noon on Friday 3 October 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.

PERSONAL DETAILS

Title

Forename

Middle Name(s)

Surname

Former Surname(s) (if applicable)

Address

Town

Postcode

Email address
Required

Mobile Telephone Number
Required

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	

Previous role title	Organisation
Start date	Finish date
Please provide a brief description of your role and key achievements	

[Insert further roles as necessary]

EDUCATION (please refer to the **Candidate Information Booklet** for desirable qualifications where required)

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:

Time not accounted for:

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

ESSENTIAL CRITERIA

Explain how you meet the two Essential Criteria in Deputy Chief Electoral Officer Specification

- At least 3 years practical* experience in the last five years at senior management** level of **planning, leading, and implementing the successful delivery of operational functions which include a large-scale digital/data transformation programme**
- At least 2 years practical* experience in the last five years at senior management** level of **successfully planning and implementing large-scale digital/data driven changes in a significant service***.**

***Practical experience** is having undertaken the work rather than having a knowledge or understanding.

****Senior Management** is being responsible for implementing decisions affecting the body or organisation an individual is working in. This includes providing advice at board level on such issues. Typically, in the public sector this is at NICS Grade 7 or Deputy Principal level or above.

***A **significant service** is one which impacts on multiple stakeholders and the general public.

Failure to provide detailed dates of your experience may result in failure to meet the relevant criterion.

(no more than 800 words)



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DESIRABLE CRITERIA

Explain to what extent you meet the three Desirable Criteria in Dep. Chief Electoral Officer Specification

- Experience of **the interpretation and/or operational implementation of legislative requirements** in administrative/digital systems to achieve a public service purpose.
- Holding a **second class University honours degree or higher**
You must provide year of award, type, name & place of degree and a summary of subjects studied.
- Holding a **formal Data/ Statistics/ Information Technology related qualification or three years recent equivalent experience**
You must provide year of award, type of qualification and a summary of subjects studied – you must provide dates of the experience

(no more than 800 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.)

(a) Are you a member of any organisations/societies which might be construed as a potential conflict of interest?

Yes/No

(b) 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

(c) 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 or 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.

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.

Nationality
/ Category

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.

Share Code

Do you require a work permit?

☐

Yes

☐

No

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

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 perform 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:

DECLARATION

- A) 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.
- B) 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.
- C) I confirm I am eligible to work in the UK.
- D) 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.
- E) 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 must be returned by email with your completed monitoring form to Gráinne McCarthy (grainne.mccarthy@eoni.org.uk) by 12 noon on Friday 3 October 2025



REF: DCEO25B

EQUAL OPPORTUNITIES MONITORING

(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 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), 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?**

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Irish Traveller | <input type="checkbox"/> Roma |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Black African | <input type="checkbox"/> 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