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| **Job Title** | **Head of Finance and Risk****(1 Year Fixed Term with possibility of extension)** | **All application forms should be emailed to:** [recruitment@sportni.net](file:///%5C%5Cpr-spo-daisy%5CHRConfidential%5CRecruitment%5CCompetitions%5Crecruitment%40sportni.net) |
| **Grade** | **Grade 7** |
| **Salary**  | **£61,673 - £64,469** |
| **Closing Date** | **12 Noon on Monday 20 October 2025** |

**Please ensure you read the ‘Candidate Information Booklet’ booklet before filling out this application form.**

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| **SECTION 1 - PERSONAL DETAILS** |
| **Forename**  |       | **Surname** |       |
| **Title** |       | **National Insurance No.**  |       |
| **Home****address****Postcode** |       | **Contact Details** **Home****Mobile****Email address**  |            |
|       |
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|       |       |
| **SECTION 2 – REFERENCES** |
| Please provide details of two employment related referees, ***including your current employer.***  |
| **Reference 1** |
| **Name** |       | **Email Address****Telephone No.** |            |
| **Position** **Organisation**  |            |
| **Reference 2** |
| **Name** |       | **Email Address****Telephone No.** |            |
| **Position** **Organisation**  |            |
| May SNI contact your present employer?       |

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| **SECTION 3 - EMPLOYMENT HISTORY****Please detail the last ten years of your employment history starting with your current or most recent employer.** |
| **Current / Most Recent Employment** |
| **Name of Employer** |       | **Date Appointed** |       |
| **Job Title**  |       | **Date Left** *if applicable* |       |
| **Main duties and areas of responsibility**      |
| **Reason for Leaving** |       | **Notice Period** *if applicable* |       |
| **Previous Employment**  |
| **Name of Employer** |       | **Date Appointed** |       |
| **Job Title**  |       | **Date Left** *if applicable* |       |
| **Main duties and areas of responsibility**      |
| **Reason for Leaving** |       |

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| **Previous Employment continued**  |
| **Name of Employer** |       | **Date Appointed** |       |
| **Job Title**  |       | **Date Left** *if applicable* |       |
| **Main duties and areas of responsibility**      |
| **Reason for Leaving** |       |
| **Name of Employer** |       | **Date Appointed** |       |
| **Job Title**  |       | **Date Left** *if applicable* |       |
| **Main duties and areas of responsibility**      |
| **Reason for Leaving** |       |
| **Name of Employer** |       | **Date Appointed** |       |
| **Job Title**  |       | **Date Left** *if applicable* |       |
| **Main duties and areas of responsibility**      |
| **Reason for Leaving** |       |

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| **SECTION 4 - SIFTING INFORMATION**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. Do not append CV or other information. **Use only the space provided and Calibri Font 11.** |
| Please outline your qualifications and experience in relation to the essential and desirable criteria specified in the Personnel 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**.  |
| **ESSENTIAL CRITERIA*** Have successfully passed the final professional examinations, and be a full current member of one those the professional bodies detailed below:
* Chartered Accountants Ireland;
* The Institute of Chartered Accountants in Scotland;
* The Institute of Chartered Accountants in England and Wales;
* The Chartered Institute of Management Accountants;
* The Association of Chartered Certified Accountants;
* The Chartered Institute of Public Finance and Accountancy;
* The Institute of Certified Public Accountants in Ireland
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**Please do not alter the format of this form**

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| **SECTION 4 - SIFTING INFORMATION** |
| **ESSENTIAL CRITERIA*** Have at least three year’s post qualification\*\* experience gained in the last eight years, in a finance related environment, in two or more areas detailed below:
* financial planning and budgeting;
* financial accounting/auditing (including forensic accounting/insolvency);
* management accounting and cost analysis;
* financial policy and governance/corporate governance, including risk management;
* investment finance;
* treasury management; and/or
* development/implementation of financial systems.
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| **SECTION 4 - SIFTING INFORMATION** |
| **ESSENTIAL CRITERIA*** Demonstrate evidence of at least two of the following:
* providing accounting advice, analysis and scrutiny to support business managers in developing business plans of strategic significance\*\*\*, future business strategies and decision-making;
* application of different financial planning and budgeting techniques to support the achievement of outcomes of strategic significance\*\*\*;
* application of sound principles of corporate governance, including risk management to support the delivery of business objectives of strategic significance\*\*\*.
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| **ESSENTIAL CRITERIA** **Please tick the appropriate box** | **YES** | **NO** |
| Ability to work irregular and unsocial hours as required involving work outside normal office hours, at evenings, weekends and Bank Holidays. | [ ]  | [ ]  |
| Valid driving license and access to a form of transport which will allow the full requirements of the post to be met and is insured for use when travelling on Sport NI business. (This criterion will be waved in the shortlisting application form in the case of applicants whose disability prohibits driving but who have access to a form of transport approved by Sport NI.) | [ ]  | [ ]  |

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| **SECTION 5 - 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, and will only be shared with any relevant third parties with the explicit permission and assurance of Sport NI HR. |
| Application Submission All completed application should be sent to recruitment@sportni.net before the closing time and date. All received applications will be acknowledged by Sport NI.  |

**EQUAL OPPORTUNITIES MONITORING QUESTIONAIRE – Confidential**

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| **Gender, Marital and Family Status & Age** |
| **Please tick as appropriate:** |
| Gender |  Male |[ ]   Female |[ ]   |
|   |  |  |  |  |  |  |
| Marital Status |  Married |[ ]   Not Married |[ ]   |
|   |  |  |  |  |  |  |
| Family Status | With Dependants |[ ]   Without Dependants |[ ]   |
| Age  | 18-29 [ ]  30-41 [ ]  42-53 [ ]  54-60 [ ]  61 + [ ]  |  |
| Date of Birth:       |

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| **Race & Nationality**  |
| **Please tick the box appropriate to you:** |
| White |[ ]  Of Black African Origin |[ ]   |
|  |  |  |  |  |
| Of Black Caribbean Origin |[ ]  Of Bangladeshi Origin |[ ]   |
|  |  |  |  |  |
| Of Chinese Origin |[ ]  Of Indian Origin |[ ]   |
|  |  |  |  |  |
| Of Pakistani Origin |[ ]  Of Other Group |[ ]   |
|  |  |  |  |  |
|  Of Mixed Ethnic Group | [ ]  |  Irish Traveller Community |[ ]   |
| My Nationality is:       |

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| **Community Background** |
| **Please indicate your community background by ticking the appropriate box below:** |
|  |  |  |
| I have a Protestant community background |[ ]   |
|  |  |  |
| I have a Roman Catholic community background |[ ]   |
|  |  |  |
| I have neither a Protestant nor a Roman Catholic community background |[ ]   |

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| **Disability**  |
| **Please tick as appropriate:** |
| Do you consider yourself to have a disability? | Yes [ ]  |  | No [ ]  |  |  |
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| If you have answered “Yes”, please complete the remaining section. |
| Do any of the disabilities or conditions listed below have a substantial and long term adverse effect on your ability to carry out normal day to day activities? |
| Hearing Impairment |[ ]  Physical Co-ordination Difficulties |[ ]   |
|  |  |  |  |  |
| Visual Impairment |[ ]  Reduced Physical Capacity |[ ]   |
|  |  |  |  |  |
| Speech Impairment |[ ]  Learning Difficulties  |[ ]   |
|  |  |  |  |  |
| Mobility Impairment |[ ]  Mental Illness/Mental Health Difficulty |[ ]   |
| Are there reasonable adjustments that we could make as part of our recruitment process that would enable you to enjoy equality of opportunity in getting a job/working with us?      |

To ensure confidentiality, the questionnaire will be given an identifying number and only the monitoring officer will be able to match this number with your name. Your name should not be written on the questionnaire. The monitoring information collected will be used to measure the effectiveness of our equal opportunities policy, determine the extent to which we promote equality of opportunity and fair participation and will assist us to develop and review positive/affirmative action policies

**SPORT NI IS AN EQUAL OPPORTUNITIES EMPLOYER**