

 SOUTHAM PARISH COUNCIL

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| **APPLICATION FORM** |

**We are** an equal opportunities employer and your application will be judged solely on merit. Please answer all the questions in this form honestly and truthfully and read and sign the declaration and consent under the Data Protection Act at the end of the form to provide the best chance of obtaining an interview.

**Please complete the form in full in black ink or type and use only A4 size paper for any continuation sheets.**

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| **PERSONAL DETAILS** |

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| --- |
| First Name: Surname: Preferred Title: Address: Post Code: Home Tel. No: Work Tel. No: Mobile No: Email Address:  |

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| **OUTSIDE INTERESTS AND NON-VOCATIONAL EXPERIENCE** |

Please give details of any outside interests or non-vocational experience which you feel will support your application.

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| **REHABILITATION OF OFFENDERS ACT 1974** |

Please give details of any “unspent” convictions as defined by the Rehabilitation of Offenders Act 1974. Unless the nature of the position allows the Council to ask questions about your entire criminal record we will only ask about “unspent” convictions. A criminal record will not necessarily be a bar to obtaining employment with the Council.

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| **SECONDARY/FURTHER EDUCATION AND QUALIFICATIONS** |

Please give details of your education and qualifications obtained plus those currently being pursued.

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| --- | --- | --- |
| School, College and/or University | Dates | Subjects studied and qualifications obtained |
| From | To |
|  |  |  |  |

Please note that you will be asked to produce evidence of your qualifications.

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| **PROFESSIONAL INSTITUTE MEMBERSHIP** |

Please give details of any relevant professional or technical bodies of which you are a member.

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| --- | --- | --- |
| Name of Institute/Professional Body | Level ofMembership | Year of Award |
|  |  |  |

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| **TRAINING COURSES** |

Please give details of any relevant short training courses, trade/professional training, Government training schemes or secondments you have completed.

|  |  |  |
| --- | --- | --- |
| Course Title and Duration | Provider | Date |
|  |  |  |

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| **CURRENT OR MOST RECENT EMPLOYMENT** |

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| Employer: Address: Post Code:Job Title: Current or Final Salary: Date Commenced: Leave Date or Notice Period Required:  |

Please provide a brief description of the main duties and responsibilities of your current or most recent job. (Please attach a copy of the job description if you wish.)

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Why do you/did you wish to leave your current/most recent job?

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Do you have any health issues or disabilities which you wish us to take into consideration?

Yes/No

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| **EMPLOYMENT HISTORY** |

Please list your previous employment history in chronological order using a separate sheet if necessary and please give reasons for any gaps in your employment history.

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of Employer | Employment Period  | Job Title and main responsibilities | Reason for Leaving |
| From | To |
|  |  |  |  |  |

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| **RELEVANT EXPERIENCE, SKILLS AND KNOWLEDGE** |

Please state below your reasons for applying for this post and the experience, skills and knowledge you have which would enable you to do it well. Please refer to the Personal Specification and ensure you cover all of the criteria set out for this job role. This should include information about any period not accounted for in the section above by full time employment or education and training and if appropriate voluntary work. Please use a separate sheet if necessary and/or attach any supporting documents.

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| **PREVENTION OF ILLEGAL WORKING** |

Do you require permission or a work permit to take up employment in the UK?

 Yes/No

The Council has legal obligations to ensure that you can work legally in the UK. Prior to taking up any employment you will be required to provide evidence of a passport and/or other relevant documents on the approved list to satisfy the Council that you comply with this requirement.

Are there any restrictions on your residing in the UK? Yes/No

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| **DRIVING LICENCE** |

Do you hold a current driving licence? Yes/No

If “yes” please state type of licence you hold:

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| --- |
|  |

Are you a car owner or do you have access to a car? Yes/No

Do you have any current endorsements? Yes/No

If “Yes”, please specify:

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| **REFERENCES** |

Please give details of two persons who we could contact and would be willing to supply a reference for you. We would prefer your referees to be your most recent employers including your current employer, if applicable.

|  |  |
| --- | --- |
| Name:  Position:  Address: Post Code: E-mail address: Tel. No.: | Name:  Position:  Address:  Post Code: E-mail address: Tel. No.: |

References will be obtained and their authenticity checked if you are to be offered the appointment.

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| **RELATIONSHIPS** |

Are you, to your knowledge, related to or have any relationship with an Elected or Co-opted Member or employee of the Council? Yes/No

If “yes”, please give details.

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| **DECLARATION AND DATA PROTECTION ACT CONSENT** |

I declare that all the foregoing details given in this application are true to the best of my knowledge and understand that verification checks may be made. I also understand that if the information I have given is found to be untrue or misleading this will be sufficient grounds for disqualification from appointment or dismissal from any employment gained.

I understand that the information given in this form will be processed only by the Council for the purpose of considering my application for employment and if I am successful in my application this form and the information in it will be retained in my personnel file for such time as I am an employee and for up to six years after the end of my employment. Otherwise this form will only be retained by the Council for so long as it is required in connection with the application.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **NOTIFICATION OF VACANCY** |

How did you find out about this vacancy?

If ‘advertisement’ in which publication or if ‘other’ please explain.

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| **RETURN OF COMPLETED FORM** |

When completed, please return your Application Form and covering letter to:

clerk@southamtoday.org.uk

**Appendix 7 (f) - Equalities monitoring form**

**EQUALITIES MONITORING INFORMATION**

**Application Form Stage**

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| --- | --- |
| **Post Applied For:** |  |

The Council aims to be an equal opportunity employer and we want to treat everyone equally.

The information requested below will enable us to determine whether or not we are achieving this aim. All information will be regarded as strictly confidential, will be kept separately and will in no way affect the outcome of your application for employment.

**It is important that we know of any special needs you may require should you be selected for interview and if subsequently appointed how this may impact on the job role and what, if any, adjustments will need to be explored with you.**

Please tick the box you consider best describes your situation in each category.

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**1. Gender**

Are you?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Male |  | Female |  | I prefer not to tell you |  |  |

**What is your age?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16-29 |  | 30-44 |  | 45-59 |  | 60-74 |  | 75+ |  |
| I prefer not to tell you |  |

**2. Ethnicity**

What is your ethnic group?

|  |  |  |  |
| --- | --- | --- | --- |
| White British |  | Bangladeshi |  |
| White Irish |  | Pakistani |  |
| Any Other White Background |  | Indian |  |
| White and Black Caribbean |  | Tamil |  |
| White and Black African |  | Korean |  |
| White and Asian |  | Any Other Asian Background |  |
| Any Other Mixed Background |  | Caribbean |  |
| Chinese |  | African |  |
| Any other ethnic background |  | Any Other Black Background |  |
| I prefer not to tell you |  |

**3. Disability and Health**

Do you have a long term physical, mental health and health condition or disability?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | I prefer not to tell you  |  |  |

What is the nature of your disability, mental health or other health issue?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Physical/Mobility |  | Sensory |  | Mental health |  | Learning |  |  |
|  |
| Other |  |  I prefer not to tell you  |  |  |

**4. What is Your Religion or Belief**?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Christian |  | Buddhist  |  | Hindu |  | Sikh |  |  |
|  |
| Jewish |  | Muslim  |  | Atheist |  | Agnostic |  |  |
|  |
| Other |  | I prefer not to tell you |  |  |

**5. What is Your Sexual Orientation**?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Heterosexual |  | Lesbian  |  | Bisexual |  | Gay |  |  |
|  |
| Other |  |  Transgender  |  | I prefer not to tell you |  |  |

Thank you for taking time to complete this form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_