|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VACANCY DETAILS** | | | | | | | | | | |
| Job Title: | |  | | | Post ref: | |  | | | |
| Service Unit/School: | | |  | | How did you hear about this vacancy? | | | | |  |
| **PERSONAL DETAILS** | | | | | | | | | | |
| Surname: |  | | | | Forenames: | |  | | | |
| Previous surname: | | |  | | Preferred forename: | | |  | | |
| Address: | | |  | | Title – Mr/Mrs/Miss/Ms/Dr: | | | |  | |
|  | | | | | Work phone no. | |  | | | |
|  | | | | | Home phone no. | |  | | | |
|  | | | | | Mobile phone no. | |  | | | |
| Postcode: |  | | | | Email: | |  | | | |
| **NATIONAL INSURANCE NUMBER** | | | | |  | | | | | |
| **ELIGIBILITY TO WORK IN THE UK** | | | | | | | | | | |
| Do you have permission to work in the UK? | | | | | | Yes | No | | | |
| If no, please give details: | | | |  | | | | | | |

|  |  |
| --- | --- |
|  | **Disability Confident Employer**  This means that all disabled applicants who satisfy the minimum criteria will be  offered an interview.  If you consider you have a disability within the provisions of the Equality Act 2010, please tick the box |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CURRENT/MOST RECENT EMPLOYMENT** | | | | | | |
| Employer’s name and address | | |  | | Your job title: |  |
|  | | | | | Current salary: |  |
|  | | | | | Date appointed: |  |
|  | | | | | Notice period: |  |
| Main duties: | |  | | | | |
| Reason for leaving: |  | | | | | |
| May we contact you at work if necessary? | | | |  | Yes | No |

**PREVIOUS EMPLOYMENT HISTORY (most recent first)**

We reserve the right to obtain references or to contact previous employers in addition to your named referees.

**Please note:** *for posts within children and young people services or adult regulated services, please explain any gaps in your employment history.*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Employer’s name and address, telephone number and email*** | ***Job title and brief description of duties*** | ***Date from/to DD/MM/YY*** | ***Reason for leaving*** |
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*Please continue on a separate sheet if required*

**REFERENCES**

Referees named on this form must be your current (most recent) and previous employer. If you have not previously been employed, or are returning to work after a substantial career break and are unable to provide previous employment references, please provide alternatives, e.g. the name of your course Tutor(s) / Head Teacher or a suitable professional. We may contact **referees prior to interview. If you do not wish us to contact the referee before interview please enter ‘x’ in the box.**

|  |  |
| --- | --- |
| **CURRENT (MOST RECENT) EMPLOYER** | **PREVIOUS EMPLOYER** |
| Name (title, forename, surname) | Name (title, forename, surname) |
| Capacity known to you | Capacity known to you |
| Organisation | Organisation |
| Email: | Email: |
| Telephone Number: | Telephone Number: |
| Address: | Address: |
|  |  |

The information you provide in this section will be used in assessing your application against the criteria within the person specification and will determine whether you are shortlisted for interview or not. Please use the space below to state how your skills experience and training would enable you to meet the requirements of the job for which you are applying. Please refer to the criteria outlined in the person specification and respond in the order that each criteria point appears.

|  |
| --- |
|  |

**QUALIFICATIONS & PROFESSIONAL MEMBERSHIPS**

|  |  |
| --- | --- |
| Qualification and professional memberships obtained (including HLTA status if applicable) | |
|  | |
| Dates | Other training / short courses |
|  |  |

Please continue on a separate sheet if required

|  |
| --- |
| Are you related to a Councillor, School Governor or employee of the Council? Yes  No  If ‘yes’ please provide Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  All forms of canvassing will automatically disqualify candidates from appointment, e.g. you must not ask a Councillor, School Governor or employee of the Council to use their influence to help you get a job. |
| If selected for interview, you must, at that stage, make known any personal or business relationship, which may conflict with the  role applied for. |
| If you are selected for interview the Council would prefer to contact you by email. Please select: email  letter |

**DATA PROTECTION LEGISLATION**



**The information you have provided will be held in compliance with the Data Protection Act 1998.**

If you have previous Local Government service or other service which counts as continuous, the Council will seek confirmation from your last Authority of your date of employment for continuous service purposes, in the event of you being offered the post. The Council will also seek details of the number of day’s sickness absence (not reasons) in the last 12 months, for the purposes of administering the Local Government Sick Pay Scheme. You are deemed to have given your consent by signing this application form.

**DECLARATION**

I declare that the information I have provided on this application form is full, accurate and complete and I understand that if I provide false information, or fail to provide full, complete and accurate information, this may lead to the decision that my application cannot be considered any further, the withdrawal of the offer of appointment, or to my dismissal, if I have been appointed. Any offer of employment is subject to receipt of satisfactory completion of recruitment checks applicable to the post.

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

Please return your completed application form to:

**CONFIDENTIAL**

**EQUAL OPPORTUNITIES MONITORING INFORMATION**

The Council will seek to ensure that all existing and potential employees are given equal opportunities. We are committed to the elimination of unlawful or unfair discrimination and will seek to ensure that no applicant for employment is disadvantaged by conditions or requirements which cannot be justified.

In order to help the Council, monitor the effectiveness of its Equal Opportunities Policy you are asked to provide the information requested below. This information is confidential and does not form part of your application. **This slip will be detached from your application form upon receipt and the information will not be taken into account when making the appointment**

If you are successful at interview and take up employment with the Council, the equal opportunities information you have provided will form part of your employment record and will be held and maintained in accordance with the Data Protection Act 1998

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Unit/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENDER**

Male

Female

**DISABILITY**

Do you consider yourself to have a disability under the Equality Act 2010? A disability is defined as a ‘physical or mental impairment which has substantial and long-term adverse effects on the ability to carry out normal day to day activities.

Yes

No

Prefer not to say

For more details, please contact the Equal Rights Commission Helpline on 0845 604 6610

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

**ETHNIC ORIGIN**

**White**

British

Irish

Any other White background

**Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background

**Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background

**Black or Black British**

Caribbean

African

Any other Black background

**SEXUAL ORIENTATION**

Heterosexual

Bisexual

Gay/Lesbian

Prefer not to say

**RELIGION AND BELIEF**

Agnostic  Atheist

Baha’I Faith  Buddhism

Christianity  Hinduism

Islam  Jainism

Judaism  Sikhism

Zoroastrianism  Other

None  Prefer not to say