East Leake Parish Council

Application Form CONFIDENTIAL

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| **Post Applied For:** | | | | | Click or tap here to enter text. | | | | | | | | | | **Closing Date:** | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| 1. **Personal details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Surname:** | | | | | Click or tap here to enter text. | | | | | | | | | **Forenames:** | | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Title by which you wish to be referred:**  (Mr/Mrs/Miss/Ms/ Other) | | | | | Click or tap here to enter text. | | | | | | | | | **Date of Birth:** | | | | | | | | | Click or tap to enter a date. | | | | | | | | | |
| **Address for Correspondence:** | | | | | Click or tap here to enter text. | | | | | | | | | **Permanent Address** (if different)**:** | | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Postcode:** | | | | | Click or tap here to enter text. | | | | | | | | | **Postcode:** | | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Home telephone no:** | | | | | Click or tap here to enter text. | | | | | | | | | **Mobile telephone no:** | | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Work telephone no** (inc extension)**:** | | | | | Click or tap here to enter text. | | | | | | | | | **Email address:** | | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| **National Insurance no:** | | | | | Click or tap here to enter text. | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |
| 1. **Present or last employer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name and address of employer:** | | | | | | | | | | | | | | | **Name and address of establishment where employed** (if different)**:** | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **Postcode:** | | | | | Click or tap here to enter text. | | | | | | | | | | **Postcode:** | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Nature of business:** | | | | | Click or tap here to enter text. | | | | | | | | | | **Job title/post:** | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Present annual salary or weekly wage (gross):** | | | | | Click or tap here to enter text. | | | | | | | | | | **Grade:** | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Hours/sessions worked per week:** | | | | | Click or tap here to enter text. | | | | | | | | | | **Other benefits (if applicable):** | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Date appointed:** | | | | | Click or tap to enter a date. | | | | | | | | | | **Notice required or leaving date if last appointment:** | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Reason for leaving or for seeking other employment:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Brief description of duties:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Previous employment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please provide details of previous employment. Start with the most recent.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer name and address** | | | | | **Job title/post** | | | | | | **Grade and salary /wage** | | | | **Full or part-time** (if PT give hours) | | | | | | | | **Dates (month/year)** | | | | | | **Reason for leaving** | | | |
| **From** | | | | **To** | |
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| 1. **Education, qualifications and relevant training attended** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Educational Establishment or Training Provider**  **(starting with secondary, further and higher education)** | | | | | **Dates** | | | | | | | | | | **Qualification gained**  **(state level or the name of the training course attended)** | | | | | | | | **Grade/class of award** | | | | | | | **Date of award** | | |
| **To** | | | | | **From** | | | | |
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| **Membership of professional bodies** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of body** | | | | | | | | **Type of membership** | | | | | | | | | | | | | | **Date obtained** | | | | | | | | | | |
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| 1. **Supporting statement demonstrating how you meet the criteria set out in the person specification** (please continue on a separate sheet if required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **References** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide details of two referees below. Friends and relatives are NOT acceptable referees.  One of the referees must be your present/or most recent employer and normally no offer of employment will be made without reference to him/her. If you have not previously been employed, then Head Teachers, College Lecturers, or other persons who are able to comment authoritatively on your educational background, suitability for the post and/or personal qualities, are acceptable as referees.  The employer also reserves the right to approach any other previous employer or manager. Please note references will be taken up on shortlisted candidates prior to interview, and an opportunity will be given to discuss the content of references with the interviewing panel. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name (Referee 1):** | | | | | | Click or tap here to enter text. | | | | | | | | **Name (Referee 2):** | | | | | | | | | | | | Click or tap here to enter text. | | | | | | |
| **Job title:** | | | | | | Click or tap here to enter text. | | | | | | | | **Job title:** | | | | | | | | | | | | Click or tap here to enter text. | | | | | | |
| **Organisation**  **(if appropriate):** | | | | | | Click or tap here to enter text. | | | | | | | | **Organisation**  **(if appropriate):** | | | | | | | | | | | | Click or tap here to enter text. | | | | | | |
| **Address of organisation:** | | | | | | Click or tap here to enter text. | | | | | | | | **Address of organisation:** | | | | | | | | | | | | Click or tap here to enter text. | | | | | | |
| **Postcode:** | | | | | | Click or tap here to enter text. | | | | | | | | **Postcode:** | | | | | | | | | | | | Click or tap here to enter text. | | | | | | |
| **Telephone no:** | | | | | | Click or tap here to enter text. | | | | | | | | **Telephone no:** | | | | | | | | | | | | Click or tap here to enter text. | | | | | | |
| **Email address:** | | | | | | Click or tap here to enter text. | | | | | | | | **Email address:** | | | | | | | | | | | | Click or tap here to enter text. | | | | | | |
| **Relationship to you:** | | | | | | Click or tap here to enter text. | | | | | | | | **Relationship to you:** | | | | | | | | | | | | Click or tap here to enter text. | | | | | | |
| **How long known?** | | | | | | Click or tap here to enter text. | | | | | | | | **How long known?** | | | | | | | | | | | | Click or tap here to enter text. | | | | | | |
| 1. **Disclosure of criminal background** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Due to the nature of the post, a standard or enhanced DBS check is required. Please disclose any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013).  The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are ‘protected’ and are not subject to disclosure to employers and cannot be taken into account. All guidance and criteria on the filtering of these cautions and convictions can be found in the [DBS filtering guidance](https://www.gov.uk/government/collections/dbs-filtering-guidance)  Following the interview process, if you are the preferred candidate, you will be required to complete a Disclosure & Barring Service (DBS) application form.  If you have queries about the DBS check, visit the DBS website: [www.gov.uk/disclosure-barring-service-check](http://www.gov.uk/disclosure-barring-service-check) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you been convicted of a criminal offence?** | | | | | | | | | Yes | | |  | | | | No | |  | | | | | | | | | | | | | |
| **Have you been cautioned for a criminal charge?** | | | | | | | | | Yes | | |  | | | | No | |  | | | | | | | | | | | | | | |
| **Are you at present the subject of a criminal charge?** | | | | | | | | | Yes | | |  | | | | No | |  | | | | | | | | | | | | | | |
| **If YES to any of the above questions, please give brief details including dates.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We are committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expect all staff, Councillors, and volunteers to share this commitment. Successful applicants will receive the Council’s Safeguarding Policy outlining the duties and responsibilities of the employer and all employees, Councillors, and volunteers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **General** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How did you find out about this vacancy?** | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **Please give details of any dates within the next four weeks when you will not be available for interview. Every effort will be made to accommodate shortlisted candidates, however if you are not available for interview on a specific date, we cannot guarantee being able to offer you an alternative date.** | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **Do you hold a current full driving license?** | | | | | | | | | | | | | Yes | | | |  | | | No | | | |  | | | | | | | | |
| **Do you have regular use of vehicle?** | | | | | | | | | | | | | Yes | | | |  | | | No | | | |  | | | | | | | | |
| **Where the person specification requires an employee to have access to their own transport for the purposes of carrying out their duties and responsibilities, employees will be reimbursed at the appropriate rate agreed by the Council. It is the employee’s responsibility to ensure that the appropriate insurance is in place.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **You are required to declare below any relationship with or to any Council employee, or elected member of the East Leake Parish Council. If applicable, please state name and position:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | | | | Click or tap here to enter text. | | | | | | | | | | **Position:** | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Relationship to you:** | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disciplinary record** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you the subject of any disciplinary procedure (conduct and/or performance) for which a disciplinary investigation, warning or sanction is current? (A warning is usually current for a period of one year). If ‘YES’ please provide details and outcomes.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes |  | | | No | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Details:** | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Equality Act 2010** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Equalities Act 2010 states a person has a disability if they have a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities. The Act requires an employer to make reasonable adjustments to working conditions in order to enable disabled applicants to have equal access to employment opportunities, including the recruitment process. The Council is committed to the development of positive practices to promote equality in employment. The Council guarantees an interview to disabled applicants who meet the essential shortlisting requirements. If you would like to declare your disability, please tick the appropriate box below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you consider yourself to be disabled as defined by the Equality Act 2010? | | | | | | | | | | | | | | | | | | | | | Yes | | | |  | | | No | | |  | |
| 1. **Data Protection Act** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By providing the personal information in support of your application on this form, you agree to the Council processing this personal information for the purposes of managing your application and for the performance of any contract of employment that may be entered into. We will not be able to process your application without this information.  If successful, your personal information will be retained whilst you are an employee and used for payroll, pension and HR related administration. Your personal information will be retained in accordance with the Council’s Privacy Policy.  The personal information provided will not ordinarily be disclosed to anyone outside of the organisation without first seeking your permission, unless there is a statutory reason for doing so. However, the Council is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud. The Council may also share this information with other bodies responsible for auditing or administering public funds for these purposes, or in the event it is required to disclose your information by law or for the purposes of exercising its legal rights. Where the Council uses external providers to manage some of its personnel and payroll systems and personal information (including sensitive personal data) may be processed by these providers.  You have the right to request a copy of the personal information we hold about you or to request that your information be corrected or deleted (although we cannot promise this will always happen). If you wish to raise a complaint on how we have handled your personal information, you can contact our Data Protection Officer who will investigate the matter. For further information, contact the Parish Clerk on parishclerk@east-leake.gov.uk. The Information Commissioner’s Office are the UK’s independent body for data protection.  They can provide further information regarding data protection and can deal with complaints from individuals about an organisation’s handling of their personal information. [www.ico.org.uk](http://www.ico.org.uk) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Where applications are returned by email and you are subsequently invited to interview, you will be required to sign a printed copy of your application form.  I declare that, to the best of my knowledge and belief, the information given on ALL parts of this form is correct. I understand that, should my application be successful and it is discovered subsequently that information has been falsified, then disciplinary action may be taken which may include dismissal from the post.  I confirm that I have a legal right to work in the UK and if this application is successful, I undertake to produce appropriate documentary evidence to prove this, prior to commencing work with the Council. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signed: | | Click or tap here to enter text. | | | | | | | | | | | | | Date: | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| Please return you completed form to the email or postal address stated in the advertisement/ information pack to arrive by the closing date. If you have not received a reply within the next 6 weeks, you should assume that your application has been unsuccessful. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |