Application Form

Part A: Skills, Qualifications & Experience

BERWICK-UPON-TWEED

TOWN COUNCIL

Reference Number (*Office Use Only*):

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| **Post applied for** |

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| **Current or last employment** |
| Employer’s Name  | Position held |
| Employer’s address (including postcode) | Date started |
| Date finished or Notice required |
| Salary  | Other benefits  |
| Description of duties, responsibilities etc. |
| Reason for leaving: |
| Do you have any additional employment that you intend to continue if appointed? If yes, please give details: |

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| **Previous work experience – Please list most recent first** |
| From | To | Name and address of employer  | Position held  | Reason left |
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| *Please explain any breaks in your continuity of employment:* |

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| **Education & Qualifications – Please list secondary school first** |
| Level (e.g. A Level, Degree)  | Subject and Grade | Establishment (School / College / University) |
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| **Please give details of any other education which is relevant:** |
| *Please continue on a separate sheet if necessary* |

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| **Additional training courses attended** |
| Description of course including course title | Year of course and duration  | Course Provider / Organiser |
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| **Membership of Professional Bodies** |
| Organisation | Grade of Membership | Date Joined | Membership number |
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| **Reasons for applying** |
| *Selection for interview will depend upon you meeting the requirements of the Job Description and Person Specification. Please detail below how you meet these requirements.*  |
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| *Please continue on an additional sheet if necessary* |

BERWICK-UPON-TWEED TOWN COUNCIL

Application Form

Part B: Personal Information & Equal Opportunities

*Please read the guidance notes.*

Reference Number (*Office Use Only*):

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| **Personal Details**  |
| Surname  | First Name(s) |
| Date of Birth | Address (including postcode) |
| Home Tel |
| Mobile Tel |
| Work Tel | Email | National Insurance Number: |
| **Disclosure of family relationship/Canvassing** |
| **Please note that any attempt to seek advantage by canvassing support from a Town Councillor will automatically disqualify an application.** |
| Please state whether, to the best of your knowledge, you are related to any Member of Berwick-upon-Tweed Town Council | YES/NO |
| If Yes, please provide the name and the relationship: |
| **References** |
| *Please indicate below details of* ***two*** *persons from whom references may be obtained. One of your referees should normally be your present employer or if you are unemployed or just left school, your most recent employer or a school teacher. Please note that Members of Berwick-upon-Tweed Town Council or members of the applicant’s family should not be nominated for this purpose* |
| **1** | Name  | **2** | Name |
|  | Position |  | Position |
|  | Relationship  |  | Relationship |
|  | Address (including postcode) |  | Address (including postcode) |
|  | Telephone No. |  | Telephone No.  |
|  | Email |  | Email |
|  | Permission to contact prior to interview YES/NO |  | Permission to contact prior to interview YES/NO |

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| **Job Share** |
| If this post is open to job share, do you wish to apply for this post in a job share capacity | YES/NO |
| **Disabilities** |
| If you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995 and have any specific requirements to assist you with an interview please detail them below and we will try to make the necessary arrangements: |
| **Health and Attendance** |
| Please detail any absences relating to illness that you have had in the past two years including dates of absence, the reason for your absence and the number of working days absent. Absences linked to a disability will not be a material consideration when decisions to appoint are made: |
| **Rehabilitation of Offenders Act 1975** |
| The provisions of the above Act provide protection to persons with a criminal record from being discriminated against when applying for jobs and from dismissal for the reason of a conviction that has been “spent”. Please note that you are not required to list spent convictions as defined in the Rehabilitation of Offenders Act 1975.Do you have a conviction which has not been “spent”? YES/NOIf yes, please give details of the date(s) of offence(s) and sentence(s) passed:  |
| **Advertisement** |
| To help the Council monitor the effectiveness of its recruitment and advertising please indicate how you learned of this vacancy: |
| **Declaration** |
| By filling in this form I declare that the information given on this application form, and attached sheets (where appropriate) is correct to the best of my knowledge. I understand that deliberately giving false or incomplete answers could disqualify me from consideration, or, in the event of my appointment, make me liable to dismissal. If appointed I give my consent under the Data Protection Act 1998 for the Council to retain and to make reasonable use of the personal information I have provided in connection with its employment polices, procedures and practices. Signed…………………………………………… Dated………………………………… |

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| **Equal Opportunities Monitoring Form** |
| Berwick-upon-Tweed Town Council is committed to equal opportunity. In order to assist us in monitoring the effectiveness of this commitment, please complete and return this form. The details given are confidential and will not be considered in any way during the appointment process. |
| **Gender** |
| Male |

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 | Female |

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 | Transgender  |

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| Other, please specify: |
| **Disability** |
| Do you consider yourself to have a disability as described by the Disability Discrimination Act 1995? | YES/NO |
| If Yes, please tell us which of these best describes your disability: |
| Hearing impairment |

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 | Visual impairment |

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 | Speech impairment |

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| Mental health issues (includes depression and anxiety) |

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 | Physical co-ordination difficulties (including problems of manual dexterity and of muscular control e.g. arthritis, epilepsy) |

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 | Reduced physical capacity (includes debilitating pain and lack of strength, breath, energy or stamina e.g. from asthma, angina or diabetes) |

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| Mobility impairment |

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 | Severe disfigurement |

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 | Learning disability |

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| Other, please provide details: |
| **Age**  |
| Under 16 |

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 | 16 – 20 |

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 | 21 – 24  |

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| 25 – 29 |

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 | 30 – 39  |

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 | 40 – 49 |

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| 50 – 59 |

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 | 60 – 64 |

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 | 65 + |

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| **Religion or Belief**  |
| No Religion |

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 | Christianity |

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 | Islam |

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| Judaism |

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 | Sikhism |

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 | Hinduism |

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| Buddhism |

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 | Other, please specify: |
| **Sexual Orientation** |
| Heterosexual |

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 | Lesbian |

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 | Gay |

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| Bisexual |

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 | Prefer not to answer |

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| **Ethnic Origin** |
| **A. White**  | **B. Mixed**  | **C. Asian, Asian British, Asian English, Asian Scottish or Asian Welsh**  |
| British  |

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 | White and Black Caribbean |

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| English |

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 | White and Black African |

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 | Indian  |

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| Scottish  |

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 | White and Asian |

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 | Pakistani  |

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| Welsh |

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 | Any other Mixed background, please write in: | Bangladeshi  |

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| Irish  |

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 | Any other Asian background, please write in:  |
| Any other white background, please write in: |
| **D. Black, Black British, Black English, Black Scottish or Black Welsh**  | **E. Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group**  |
|
| Caribbean  |

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 | Chinese |

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| African  |

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 | Any other ethnic background, please write in |
| Any other Black background, please write in: |
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| **Procedure** |
| Please return this completed form to:Berwick-upon-Tweed Town CouncilBerwick WorkSpaceBoarding School Yard90 MarygateBerwick-upon-TweedTD15 1BNby the closing date. |