



GREAT AYCLIFFE TOWN COUNCIL

PERSONAL DETAILS

Please return to:

Great Aycliffe Town Council
Council Offices
School Aycliffe Lane
Newton Aycliffe, Co. Durham
DL5 6QF

Please mark envelope
'Private and Confidential'

Tel 01325 300700

Fax 01325 301053

www.great-aycliffe.gov.uk

Post Golf Shop Administrator
Department Corporate
Closing Date Thursday 21st March 2019
Form No. _____

All sections of this form must be completed in **black** ink or print.

This application form is also available in large print.

THIS SHEET AND THE EQUAL OPPORTUNITIES MONITORING FORM **WILL NOT** FORM PART OF THE SHORTLISTING PROCESS.

PERSONAL DETAILS

Surname _____ Forename _____ Title Mr/Mrs/Miss/Ms _____
Address _____
Post Code _____
(If this is a temporary address, please also give your usual home address)
Email Address _____
Telephone No. Home _____ Work _____
Mobile Telephone No. _____ National Insurance No. _____

REFERENCES

Please give the names and addresses of TWO referees known to you personally, one of whom must be your present or most recent employer (if references know you by another name, please state this)

Name _____	Name _____
Job Title _____	Job Title _____
Address _____	Address _____
County _____ Postcode _____	County _____ Postcode _____
Telephone No. _____	Telephone No. _____
May we contact this referee without further reference to you? YES / NO	May we contact this referee without further reference to you? YES / NO

SICKNESS - How many days absence from work through illness have you had over the last two years ?

DECLARATION

I declare that the information set out in this application form is true in all aspects and that false information may render me liable for dismissal if I am appointed.

Signed _____ Date _____

The information on this form may be entered onto a computer and used for statistical, administrative and payroll purposes. Under terms and Conditions of the DATA PROTECTION ACT 1998 the data will be treated in a secure and confidential manner and not kept for longer than necessary.

EQUAL OPPORTUNITIES MONITORING

This authority operates a policy of equal opportunities and wishes to ensure that all applicants are considered solely on their merits. Therefore, we need to be able to check that all decisions are not influenced by unfair or unlawful discrimination. To help us to do this, we would be grateful if you would complete this short questionnaire. Your answers will be treated with the utmost confidence and will be used for statistical purposes only.

ETHNIC GROUP - Choose **ONE** section from A to E then tick the appropriate box

<p>A WHITE</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other white background please write in _____</p> <p>B MIXED</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background please write in _____</p>	<p>C ASIAN OR ASIAN BRITISH</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background please write in _____</p> <p>D BLACK OR BLACK BRITISH</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other black background please write in _____</p>
<p>E CHINESE OR OTHER ETHNIC GROUP</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic background please write in _____</p>	

Do you require a work permit to take up this appointment	YES / NO
If YES, when does this expire	_____
Nationality	_____
Country of Birth	_____

Date of Birth _____ **Age** _____ **MALE** **FEMALE**

MARITAL STATUS Single Married Widowed Divorced Separated

DISABILITY


Applicants with disabilities, as defined under the Disability Discrimination Act 1995 will be invited for interview if all the essential job criteria are met

Do you consider yourself to have a disability **YES / NO**

If YES, please tell us of any reasonable arrangements we can make in order to assist you

(a) To attend an interview

(b) To carry out the duties of this post



CONVICTIONS

Spent convictions must be declared for applications in relation to employment in the following areas:

Oak Leaf Sports Complex	Park Patrol Operative	Sports Coaching	Pre-school Learning Centres
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(i) Have you received any convictions, cautions or binding-over, excluding "spent convictions" under the terms of the Rehabilitation of Offenders Act 1974 (exemption) Order 1975 **YES / NO**

(ii) If YES, please specify:-



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APPLICATION FORM

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CURRENT OR MOST RECENT EMPLOYMENT

Post held	_____	
	Name and address of employer	
Date appointed	_____	_____
Salary / Grade	_____	_____
Notice required	_____	_____
Date of leaving (if applicable)	_____	_____
Reason for leaving	_____	

DUTIES AND RESPONSIBILITIES

Please include any relevant experience in respect of the post you are applying for.

(Continue on separate sheet if necessary)

PREVIOUS EMPLOYMENT

Please list most recent first

Name and address of Employers	Position held	Grade / Salary	Dates From To	Reason for leaving

SUPPORTING INFORMATION / EXPERIENCE

*Any other experience or information in support of your application which is not detailed elsewhere in the application form.
Please show how you meet the criteria detailed in the Person Specification form.*

(Continue on separate sheet if necessary).

EDUCATION AND QUALIFICATIONS - SECONDARY EDUCATION			
School / College	Subject	Qualification (e.g. GCSE, O/A Level)	Grade

EDUCATION AND QUALIFICATIONS - FURTHER EDUCATION			
School / College	Subject	Qualification (e.g. HND, Degree etc.)	Grade

TECHNICAL OR PROFESSIONAL MEMBERSHIP / QUALIFICATION		
Institute	Grade of Membership	Year of Election

FURTHER TRAINING AND DEVELOPMENT

(Continue on separate sheet if necessary)

MEDICAL INFORMATION

Please note that the successful applicant will be required to undertake a medical examination (at the Council's expense) and any job offer will be subject to receipt of a satisfactory medical report.

Please give the name, address and telephone number of your G.P.

Name _____
 Address _____

 Tel. No. _____

OTHER INFORMATION

Do you possess a current driving licence? **YES / NO**

If 'yes' do you have regular access to a car? **YES / NO**

Where applicable

If this application is in respect of a post requiring statutory registration or a professional qualification, successful candidates will be required to produce current registration certificates prior to commencement of employment.

RELATIVES AT GREAT AYCLIFFE TOWN COUNCIL

Are you related to any Member or Officer of this Authority? **YES / NO**

If YES please give the names and state the relationship. Failure to disclose such a relationship may lead to your disqualification from appointment and, if appointed, may make you liable for dismissal.

Name _____ Relationship _____
 Name _____ Relationship _____

Canvassing of members of the Council, any Committee of the Council, or Officers directly or indirectly for any appointment with the council is prohibited and shall disqualify the candidate for that appointment.

DECLARATION

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that the giving of false or misleading statements or withholding material or information may result in disciplinary action, including dismissal.

I understand that if the post is one which has substantial access to children or vulnerable people, the Council have my permission to proceed with any relevant police checks.

I understand that the appointment, if offered, will be subject to satisfactory medical clearance and references.

Date _____ Signature _____

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Customer Recruitment Survey

As part of our work towards ensuring continuous improvement in our recruitment processes, we hope to learn from those who participate in the process. To do this, we would be grateful if you would complete this survey form as your views are important to us. This will provide constructive feedback to facilitate continuous improvement in our service and which will enable us to provide a service which reflects our customers' needs.

It would be very much appreciated if you complete and return this questionnaire whether or not you intend completing the application form.

The information contained within the questionnaire will be used for analysis and will not form any part of the selection process. Thank you for your co-operation in completing this form.

Post Closing Date

General Information

1. How did you find out about the post?

Publication (please specify) Word of Mouth
Internet Job Centre Other (Please specify)

2. Please specify what attracted you to apply? (tick all relevant boxes)

Salary Nature of the Job Other benefits Career Opportunities
Advert Other (please specify).....

3. If you have decided not to apply please state what contributed to your decision.

.....

4. Response Time

Our aim is to ensure receipt of information by candidates within three working days following the date of request. Please specify whether:

This was met This was not met

If not, please specify the period working days.

Candidate Pack

Please indicate your views in relation to the information provided by ticking the boxes below

Scoring code:	1 Unsatisfactory	2 Satisfactory	3 Good	4 Excellent		
			1	2	3	4
1.	Guidance to Candidates		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Layout of application form		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Employment information		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Standard and relevance of other information		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Ease of reading and clarity of material		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Overall level of satisfaction with information		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

1. Which aspects of the pack did you feel were most useful?

2. Were there any aspects of the pack that did not meet your requirements?

3. Please provide any general comments you may have upon the recruitment service that has been provided.

4. How do you think the pack could be improved?

Signed Date

Print name

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Thank you for taking the time to complete this survey