



GREAT AYCLIFFE TOWN COUNCIL

APPLICATION FORM - PART 1

This form is available in large print and accessible format. All sections of this form must be completed in black ink or print. Please mark envelopes as 'Private & Confidential'. This page and the Equal Opportunities Monitoring Form will not form part of the shortlisting process.



POSITION APPLYING FOR: _____

PERSONAL DETAILS

Title:	Forename:	Surname:
Address: (if a temporary address, please also give your usual home address)		Postcode:
		Telephone:
		Work phone:
		Mobile:
N.I. Number:	Email address:	

REFERENCES

Please give the names of TWO referees known to you personally, one of whom must be your present or most recent employer. If referees know you by another name, please state this:

Name:		Name:	
Job Title:		Job Title:	
Company:		Company:	
Street:		Street:	
Town:		Town:	
County:		County:	
Postcode:		Postcode:	
Telephone:		Telephone:	
Email:		Email:	
May we contact this referee without further reference to you? YES <input type="checkbox"/> NO <input type="checkbox"/>		May we contact this referee without further reference to you? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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: _____
(If sending online, you may sign upon appointment.)

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 GENERAL DATA PROTECTION REGULATION 2018 the data will be treated in a secure and confidential manner and not kept for longer than necessary.

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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			
A WHITE <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background please add:		B ASIAN OR ASIAN BRITISH <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other asian background please add:	
C MIXED <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background please add:		D BLACK OR BLACK BRITISH <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background please add:	
E CHINESE OR OTHER ETHNIC GROUP <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic background please add:			
Do you require a work permit to take up this appointment		YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, when does this expire			
Nationality		Male <input type="checkbox"/> Female <input type="checkbox"/>	Age
Country of Birth		Date of Birth	
Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/>	Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>	
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 <u>must</u> be declared for applications for employment in the following areas: OakLeaf Sports Complex, Park Patrol, Sports Coaching, St Oswald’s Pre-School			
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 <input type="checkbox"/> NO <input type="checkbox"/>		If YES, please specify:	

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GREAT AYCLIFFE TOWN COUNCIL APPLICATION FORM - PART 2

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POSITION APPLYING FOR: _____

CURRENT OR MOST RECENT EMPLOYMENT

Post held:	Contact name and address of employer:
Date appointed:	
Salary/grade:	
Required notice:	
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.

(Please continue on a separate sheet if necessary)

PREVIOUS EMPLOYMENT

Please list most recent first.

Employers' name and address	Position held	Grade/salary	Dates from/to	Reason for leaving

(Please continue on a separate sheet if necessary)

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 in the Person Specification form.

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(Please continue on a separate sheet if necessary)

EDUCATION AND QUALIFICATIONS – SECONDARY EDUCATION

School / academy / 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

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(Please continue on a separate sheet if necessary)

MEDICAL INFORMATION

Please note that the successful application will be required to complete a health questionnaire and may 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 details of your GP.

GP Name:

GP Practice Name:

GP Practice Address:

GP Practice Telephone:

OTHER INFORMATION

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.

Do you possess a current driving licence

YES NO

If 'yes' do you have regular access to a car

YES NO

RELATIVES AT GREAT AYCLIFFE TOWN COUNCIL

Are you related to any Member or Officer of this Local 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 on 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 applying for:

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 candidates receive information 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

Please return to Great Aycliffe Town Council, Council Offices, School Aycliffe Lane, Newton Aycliffe, Co. Durham. DL5 6QF or email to info@great-aycliffe.gov.uk.

Thank you for taking the time to complete this survey.