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| Application for the Post of  | Henstridge and/or Charlton Horethorne Parish Clerk and Responsible Financial Officer |
| Closing Date | 16th May 2019 |
| How did you hear about this job? (Name of publication if advertised) |       |

**PART A: PERSONAL DETAILS (BLOCK CAPITALS PLEASE)**

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| --- | --- |
| Family Name / Surname |       |
| Previous Name(s) |       |
| Forename(s) |       |
| Known Name: (If different from Forename) |       |
| Preferred Title (eg. Mr, Mrs, Miss, Ms, Dr) |       |
| Current Address (Please include Postcode) |       |
| National Insurance Number |       |
| Preferred Contact Telephone Number |       |
| Alternative Telephone Number (If available) |       |
| Email Address (If preferred method of communication & in regular use) |       |
| Date of Birth  |       |

**PART B: PRESENT (OR MOST RECENT) EMPLOYER**

|  |  |
| --- | --- |
| Name and Addressof Employer |       |
| Job Title |       |
| Start Date |       | Notice required or date left |       |
| Salary |       | If part-time, please give hours per week |       |
| Please give details of your main tasks and responsibilities – and, if applicable, your reason for leaving:      |
| Please explain why you are applying for this post at this time:      |

**PART C: EMPLOYMENT HISTORY (MOST RECENT FIRST)**

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| Please give as much relevant information as possible. For posts working with children and vulnerable adults, you must give your **full** employment history from when you left school/higher education and explain any gaps in your employment and include dates. Please include any time spent employed as a volunteer. |
| Name & Address of Employer | DatesFrom/To(MM/YY) | Job Role | Final Salary and Reason for Leaving |
|       |       |       |       |

**PART D: ACADEMIC, PROFESSIONAL AND VOCATIONAL QUALIFICATIONS**

|  |  |  |
| --- | --- | --- |
| Exams Passed (Level)Qualifications & Memberships (Most Recent First) | Grade andDateAchieved\* | Name of Educational Establishment and/or Professional or Awarding Body |
|       |       |       |

**PART E: TRAINING/CONTINUING PROFESSIONAL DEVELOPMENT**

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| Please give details of relevant training/development activities.  |
| Training Course and Organiser or Development Activity | Time spent  | Outcome - Grade Achieved (Where applicable) |
|       |       |       |

**PART F: PERSONAL STATEMENT**

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| **Key Competencies, Knowledge and Skills**: Referring to the person specification, provide examples of how you have demonstrated the key competencies and the knowledge and skill requirements for this role. You may use experience gained from within and/or outside the workplace to provide these examples. (We recommend that you use the different headings on the person specification as a starting point.) |
|       |
| **Personal Attributes:** Please describeways in which you have demonstrated the personal attributes required for this post, as outlined in the person specification. |
|       |

**PART G: SUPPLEMENTARY INFORMATION**

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| **Personal Transport:** For posts which involve travel away from normal place of work: |
| Are you willing and able to travel to meet the requirements of the post? Yes [ ]  No [ ]  |
| Please provide details of any current motoring convictions, disqualifications or penalty points, with dates and reasons and/or any difficulties you foresee concerning travel:      |
| **Sickness Declaration:** Please supply information about sickness absence in the past 2 years: |
| Number of days sickness:      | Number of occasions:      |
| Any explanatory comments you feel are relevant:      |
| **Positive About Disability:** We welcome applications from people with disabilities. Wherever possible we will make reasonable adjustments to enable a person with a disability to access the application and appointment process fairly.  |
| Do you consider yourself to have a disability? Yes [ ]  No [ ]  |
| If “yes” and you are offered an interview, would you welcome a pre interview discussion to identify any particular needs that you may have? Yes [ ]  No [ ]  |
| **Disclosure of Criminal Offences:** The Rehabilitation of Offenders Act 1974 gives individuals the right not to disclose details of old offences which are seen as ‘spent’. |
| Please give details, including dates and places, of pending prosecutions and any convictions, cautions and bind-overs since the age of 17 years, that are not ‘spent’:      |
| If the information sent to you highlights that the post requires a Disclosure Certificate, the Rehabilitation of Offenders Act does not apply in this case. Therefore, please give details, including dates and places, of any ‘spent’ convictions, cautions and bind-overs. Please also detail if you are on List 99, the PoCA List, disqualified from working with children or vulnerable adults or subject to sanctions imposed by a regulatory body such as the General Teaching Council or General Social Care Council:      |

**PART H: REFERENCES**

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| **References:** Please provide the names of two professional referees, both of whom can write with authority about your performance, abilities and competence in a work, voluntary or educational environment. The first reference must be a manager representing your current or most recent employer. References will not be accepted from relations or people who know you solely as a friend. For posts working with children, **all** references will be requested before interview. For other vacancies, if you do not wish your current employer to be contacted prior to interview please tick the box below\*.  |

|  |  |
| --- | --- |
| **Name of first referee \*** **[ ]**  |       |
| Job Title of Referee |       |
| Name of organisation |       |
| Dates of Employment | From:     /      To:      /      |
| Address (Including Postcode) |       |
| Email address if available |       |
| Daytime telephone number |       |
| Relationship to you (eg supervisor, tutor) |       |
| **Name of second referee**  |       |
| Job Title of Referee |       |
| Name of organisation |       |
| Address (Including Postcode) |       |
| Dates of Employment  | From:     /      To:      /      |
| Email address if available |       |
| Daytime telephone number |       |
| Relationship to you  |       |
| **Declaration of Interest:** Please note that canvassing support of Members of Henstridge Parish Council can lead to disqualification of your application. |
| Do you have family or close relationships with any individuals involved in an aspect of the recruitment process or with any Elected Member of Henstridge Parish Council?Yes [ ]  No [ ]  |
| If yes, give name: |       |
| Position: |       | Relationship: |       |

**PART I: DECLARATION**

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| Declaration |
| * I confirm that I am entitled to live and work in the United Kingdom.
* I am willing for this data to be held and processed by Henstridge Parish Council and to be verified with relevant third parties. This may include previous employers.
* The information on this form is accurate. I understand that providing false information is an offence and may lead to my application being disallowed or, should I be appointed, to my dismissal and, where appropriate, may be referred to the police.

Signed:      Date:       |

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| Please return this form to: Zöe Godden, Henstridge Parish Council, Elvyns, Wavering Lane East, Gillingham SP8 4NXE-mail: clerk@henstridgeparishcouncil.org.uk.org.uk**Closing date: 16th May 2019** |

# Confidential

## Equal Opportunities-Recruitment Monitoring

**This form will be kept separate from your application form. It is not referred to during the selection process.**

Henstridge Parish Council values diversity and is committed to promoting equality of opportunity for our employees and job applicants.

We monitor our recruitment and selection practices to fulfil our statutory duty relevant to equality in employment and to ensure our practices are fair, equitable and consistent with the aim of appointing the best person for the job.

The information you supply on this questionnaire will be recorded confidentially on our HR Systems and held for a maximum of 12 months. During this time it will be used solely for the purposes of monitoring the profile of our job applicants. Access to the data will be restricted to nominated staff.

If you are appointed, the data will also be used for our HR/payroll records purposes, which includes another legal requirement, workforce monitoring. We aim to ensure all applicants and employees, regardless of circumstances or status, receive equal access to opportunity and fair treatment.

For these reasons it is important that you complete the recruitment monitoring questionnaire in addition to the application form. Once completed, the questionnaire should be returned with your application.

Thank you for your co-operation.

EQUAL OPPORTUNITIES – RECRUITMENT MONITORING

This information will be treated in the strictest confidence.

 *Please check the appropriate box*

|  |  |
| --- | --- |
| **Name:**  | **Post applied for:**  |
| **Are you?** Male [ ]  Female **[ ]**  |
| **What is your date of birth (dd/mm/yy)?**       /       /       |
| **To which of these groups do you consider you belong?****White**  **Asian or Asian British** [ ]  British [ ]  Other [ ]  Indian [ ]  Bangladeshi [ ]  Irish [ ]  Pakistani [ ]  Other **Mixed Black or Black British** [ ]  White & Black [ ]  White & Asian [ ]  African [ ]  Caribbean Caribbean [ ]  White & Black [ ]  Other [ ]  Other  African**Other Background**[ ] Chinese [ ]  Gypsy[ ]  Other If you have ticked other to any of the above, please specify: |
| **Do you consider that you have a disability?** Yes [ ]  No [ ] NB. Under the Disability Discrimination Act 1995, a person with a disability is defined as having ‘a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities’. Since 2005 the definition includes people who have been diagnosed with HIV, cancer and MS.It does not necessarily mean that this affects how you do your work. As the definition is not very clear we have provided some examples of the impairments covered. The list is not exhaustive. You may consider that, for example, you have, for a period of a year or more had hearing loss, dyslexia arthritis, diabetes, asthma, epilepsy or you are partially sighted.**If yes, please indicate the nature of your disability.**[ ]  Physical Impairment [ ]  Mental Impairment [ ]  Other  [ ]  Mobility Impairment [ ]  Visual Impairment [ ]  More than one impairment  [ ]  Hearing Impairment [ ]  Learning Disability  |
| **Thank you for your co-operation. Please return the completed questionnaire with your application form** |