

BERWICK-UPON-TWEED

TOWN COUNCIL

Application Form
Part A: Skills, Qualifications & Experience

Reference Number (*Office Use Only*):

Post applied for

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:

Previous work experience – Please list most recent first

From	To	Name and address of employer	Position held	Reason left

Please explain any breaks in your continuity of employment:

Education & Qualifications – Please list secondary school first

Level (e.g. A Level, Degree)	Subject and Grade	Establishment (School / College / University)

Please give details of any other education which is relevant:

Please continue on a separate sheet if necessary

Additional training courses attended

Description of course including course title	Year of course and duration	Course Provider / Organiser

Membership of Professional Bodies

Organisation	Grade of Membership	Date Joined	Membership number

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.

Please continue on an additional sheet if necessary

Reference Number (*Office Use Only*):

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		
<i>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</i>		
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

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/NO

If 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.....

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 Female Transgender

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 Visual impairment Speech impairment
Mental health issues (includes depression and anxiety) Physical co-ordination difficulties (including problems of manual dexterity and of muscular control e.g. arthritis, epilepsy) Reduced physical capacity (includes debilitating pain and lack of strength, breath, energy or stamina e.g. from asthma, angina or diabetes)
Mobility impairment Severe disfigurement Learning disability

Other, please provide details:

Age

Under 16 16 – 20 21 – 24
25 – 29 30 – 39 40 – 49
50 – 59 60 – 64 65 +

Religion or Belief

No Religion Christianity Islam
Judaism Sikhism Hinduism
Buddhism Other, please specify:

Sexual Orientation

Heterosexual Lesbian Gay
Bisexual Prefer not to answer

Ethnic Origin		
<p>A. White</p> <p>British <input type="checkbox"/></p> <p>English <input type="checkbox"/></p> <p>Scottish <input type="checkbox"/></p> <p>Welsh <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Any other white background, please write in: <input type="checkbox"/></p>	<p>B. Mixed</p> <p>White and Black Caribbean <input type="checkbox"/></p> <p>White and Black African <input type="checkbox"/></p> <p>White and Asian <input type="checkbox"/></p> <p>Any other Mixed background, please write in: <input type="checkbox"/></p>	<p>C. Asian, Asian British, Asian English, Asian Scottish or Asian Welsh</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Any other Asian background, please write in: <input type="checkbox"/></p>
<p>D. Black, Black British, Black English, Black Scottish or Black Welsh</p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Any other Black background, please write in: <input type="checkbox"/></p>	<p>E. Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group</p> <p>Chinese <input type="checkbox"/></p> <p>Any other ethnic background, please write in: <input type="checkbox"/></p>	

Procedure
<p>Please return this completed form to:</p> <p>Berwick-upon-Tweed Town Council Unit 1 82 – 88 Marygate Berwick-upon-Tweed TD15 1BN</p> <p>by the closing date.</p>