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**Berwick-upon-Tweed Town Council**

**CONFIDENTIAL**

**APPLICATION FORM**

**Position Applied for: Assistant Town Warden**

*Notes for Completion:*

1. Please complete the form using **BLOCK CAPITALS** in **black** ink or typed
2. Additional sheets may be attached where necessary

3 Please complete **all** sections

4 **Please return by email to** [**recruitment@councilhrandgovernancesupport.co.uk**](mailto:recruitment@councilhrandgovernancesupport.co.uk)

5 The closing date for applications is **9AM ON MONDAY, 13 June 2022**.

|  |  |  |
| --- | --- | --- |
| 1. **Personal Details** | | |
| Surname  Forename(s)  Address      Post Code | | Telephone Number (mobile)  Telephone Number (Home)  E-Mail Address |
| **Holiday Commitment:**  Please give details of any holiday commitment you have over the next 12 months: | | |
| 2. **Professional Membership** | | |
| Organisation | Membership Status | |
|  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. **Education and Qualifications** (Secondary/College/University etc.) | | | | |
| Dates | | School/College/ University etc. | Qualifications  (State level and subject) | Grades |
| from | to |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| 4. **Present/Most Recent Employment** | | | | | |
| Name & Address of Employer: | | | | Reason for wanting to Leave: | |
|  | | | |  | |
| Job Title: | | | | | |
| Period of notice required: | | | | | |
| Main duties: | | | | | |
| Present salary and allowances: | | | | | |
| 5. **Previous Employment** (Please list your previous two employers and any other relevant employment) | | | | | |
| Dates | | Name & Address of Employer | Job Title & Grade | | Reason for Leaving |
| from | to |
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| 6. **Information in Support of your Application** | | | | | |
| *Notes*   1. Please explain why you are applying for this vacancy. 2. Also explain how you meet the Person Specification for this post by making reference to previous experience and training.   (Please use continuation sheet(s) if necessary) | | | | | |
| 7. **Training** | | | | | |
| Please give details of any courses you have completed which you think are relevant to this post: | | | | | |
| 8. **Interests, Hobbies, Sports** | | | | | |
| Please give brief details of your interests outside work, including membership of clubs and any voluntary work you undertake which may be relevant to this post | | | | | |
| 9. **Other Information** | | | | | |
| Do you hold a current Driving Licence? Y / N  What kind of licence is it? Provisional Full HGV  Do you have regular use of a vehicle? Y / N  Please give details of any penalty points and/or driving ban in the last five years  How did you learn of this vacancy?  Social media Noticeboard  Word of mouth Linked In  Job website Which one ? …………………………………………..  Other Please specify …………………………………………… | | | | | |
| 10. **Health and Medical History** | | | | | |
| The successful applicant will be required to complete a Medical Questionnaire upon acceptance of the post.  Approximately how many sick days have you had in the last two years? | | | | | |
| 11. **Interview Arrangements** | | | | | |
| If you need any reasonable adjustments to be made in order for you to be interviewed for this position at our premises, please give details | | | | | |

|  |  |
| --- | --- |
| 12. **References** please ensure your references are in a position to respond promptly. It is our policy to contact ALL named referees after a conditional offer has been made. | |
| **Personal Reference**  Name: | **Employer's Reference**  Name: |
| Address: | Address: |
| Telephone number: | Telephone number: |
| Occupation: | Occupation: |
| May we contact prior to interview Y / N | May we contact prior to interview Y / N |
| 13. **Declarations/Code of Conduct** | |
| Are you related to any Councillor or Employee of this council? Y / N  If YES, please give details:  *I understand that canvassing of Councillors or Officers, directly or indirectly, will disqualify my application*  **Right to work in UK**  Are you legally entitled to work in the UK? Y / N  *We will require evidence of this prior to commencing employment*  **Criminal Record**  Have you ever been convicted of a criminal offence? Y / N  Declaration subject to the Rehabilitation of Offenders Act 1974  If YES, please give details: | |
| **Data Protection**  The Data Protection Act 1998 (“the Act”) sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights. Except to the extent we are required or permitted by law, the information which you provide in this application form and any other information obtained or provided during the course of your application (“the information”) will be used solely for the purpose of assessing your application. If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will not be held for longer than is necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If your application is successful, the information will form part of your employment file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, please sign the consent section below.    I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.  Signed:............................................................ Date:...............................................  **Declaration**  I confirm that the information given on this application form is, to the best of my knowledge and belief true and complete in all respects. I understand that should I have deliberately made a false or misleading statement on this form deemed to be a deliberate attempt to deceive will disqualify the application or, if already in post, will result in the employment being terminated.  Signed:............................................................ Date:............................................... | |

**Berwick-upon-Tweed Town Council**

**CONFIDENTIAL**

**Equal opportunities recruitment monitoring form**

**Position Applied for:**

Berwick-upon-Tweed Town Council is committed to equal opportunities in employment and seeks to ensure that no candidate is treated less favourably on the grounds of age, race, colour, ethnic origin, sex, marital status or disability. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information you provide will stay confidential.

**Gender** Man 🗆 Woman 🗆 Non-binary 🗆 Prefer not to say 🗆

If you prefer to use your own term, please specify here …………………….

**Are you married or in a civil partnership?** Yes 🗆 No 🗆 Prefer not to say 🗆

**Age** 16-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆 45-49 🗆

50-54 🗆55-59 🗆 60-64 🗆 65+ 🗆 Prefer not to say 🗆

**What is your ethnicity?** Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆 British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆 Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆 Any other mixed background, please write in:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆 Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab 🗆 Prefer not to say 🗆 Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes🗆 No 🗆 Prefer not to say 🗆

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual 🗆 Gay woman/lesbian 🗆 Gay man 🗆 Bisexual 🗆 Prefer not to say 🗆 If you prefer to use your own term, please specify here ……………………………………………….….

**What is your religion or belief?**

No religion or belief 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆

Muslim 🗆 Sikh 🗆 Prefer not to say 🗆 If other religion or belief, please write in:

**What is your current working pattern?**

Full-time 🗆 Part-time 🗆 Prefer not to say 🗆

**Do you have caring responsibilities? If yes, please tick all that apply**

None 🗆 Primary carer of a child/children (under 18) 🗆

Primary carer of disabled child/children 🗆

Primary carer of disabled adult (18 and over) 🗆 Primary carer of older person 🗆

Secondary carer (another person carries out the main caring role) 🗆

Prefer not to say 🗆

I understand that this information may be stored confidentially and processed as part of the Town Council’s monitoring of equal opportunities only in accordance with its obligations under the Equality Act and I give my consent to my details to be used for this purpose.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your co-operation.