



APPLICATION FORM FOR EMPLOYMENT

Please complete all sections of the form and return either by e-mail to office@llantrisant-cc.gov.wales or post/deliver to: The Staffing Committee, Llantrisant Community Council, Parish Office, Newbridge Road, Llantrisant CF72 8EX.

Application for the post of: Clerk

Closing Date: Friday 17th September - 12 noon

PERSONAL DETAILS

Surname:		Forename(s):	
Address:			
Postcode:			
Mobile No:		Home Phone No:	
E-mail Address:			

REFEREES

Please provide contact details for two referees, who should not be related to you, one of whom should be your present or last employer.

Referee 1	Referee 2
Name	Name
Address	Address
Tel:	Tel:
Email:	Email:
Can we take up reference before interview? Yes No	Can we take up reference before interview? Yes No

EMPLOYMENT HISTORY including voluntary work
CURRENT / MOST RECENT EMPLOYMENT

Job title and brief details of the post	Employer – name and address	Date Started	Date Finished

Continue on a separate sheet if necessary

Please tell us about other jobs you have done and about the skills you used and/or learned in those jobs *relevant to this post.* (Continue on a separate sheet if necessary)

Please tell us why you applied for this job and why you think you are the best person for the job. (Continue on a separate sheet if necessary)

Please list any *relevant* skills or qualifications that you have. (Continue on a separate sheet if necessary)

Do you consider yourself to have a disability?	Yes	No
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Please tell us if there are any 'reasonable adjustments' we can make to assist you in your application or with our recruitment process. (Continue on a separate sheet if necessary)
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DECLARATIONS

Are you, to your knowledge, related to any staff member or Councillor of Llantrisant Community Council?	Yes	No
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I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my dismissal.

Name:	Signature:	Date:

Equality and diversity monitoring form

Llantrisant Community Council wants to meet the aims and commitments set out in its equality policy. 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.

Please return the completed form in an envelope marked 'Strictly confidential' to **Staffing Committee, Parish Office, Newbridge Road, Llantrisant, CF72 8RX.**

Gender Man Woman Intersex 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 give details:

Mixed/multiple ethnic groups

White and Black Caribbean White and black African White and Asian
Prefer not to say Any other mixed background, please give details:

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say
Any other Asian background, please give details:

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say
Any other Black/African/Caribbean background, please give details:

Other ethnic group

Arab Prefer not to say Any other ethnic group, please give details:

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 give details:

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 Lesbian Bisexual

Prefer not to say If you prefer to use your own term, please give details:

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 give details:

What is your current working pattern?

Full-time Part-time Prefer not to say

What is your flexible working arrangement?

None Flexi-time Staggered hours Term-time hours

Annualised hours Job-share Flexible shifts Compressed hours

Homeworking Prefer not to say If other, please give details:

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 If other, please give details: