

PRUDHOE TOWN COUNCIL APPLICATION FORM

Strictly Confidential

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PLEASE USE BLACK PRINT – An application form MUST be completed/submitted for each vacancy.
The completed form should be e-mailed to info@prudhoe-towncouncil.gov.uk
or returned to Prudhoe Town Council, Spetchells Centre, 58 Front Street, Prudhoe, Northumberland, NE42 5AA.

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Application for the post of:

Personal Details

First Name(s):	Surname:
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First Name(s):	Surname:
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Address:

Post Code:	Home Tel. No:
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Post Code:	Home Tel. No:
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How long have you lived at this address? years	Daytime Tel. No:
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How long have you lived at this address? years	Daytime Tel. No:
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**E-mail address:	Mobile Tel. No:
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****If you have provided an e-mail address, this will be the method by which you will be contacted.
However, if you DO NOT wish to be contacted by e-mail please tick the box. ☐**

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Do you need a work permit? (a) No. ☐ (Click to select or deselect boxes).
 (b) Yes, and I already have one. ☐ Expiry Date: (dd/mm/yyyy)
 (c) Yes, but I do not have one. ☐

Do you need a work permit? (a) No. ☐ (Click to select or deselect boxes).
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Present Employment	(if unemployed give details of last employer)
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Name and address of current employer:

Post title:	Department/Section:
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Post title:	Department/Section:
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Date of appointment:	(dd/mm/yyyy)	Date appointment ended:	(dd/mm/yyyy)
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----------------------	--------------	-------------------------	--------------

Date of appointment:	(dd/mm/yyyy)	Date appointment ended:	(dd/mm/yyyy)
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Pay scale:	Spine/scale point:
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Pay scale:	Spine/scale point:
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Total salary (per annum):	Full or part time (FTE):
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Total salary (per annum):	Full or part time (FTE):
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Brief description of job:

(Please continue on separate sheet if necessary)

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(Please continue on separate sheet if necessary)

Period of notice:

Reason for leaving:

Previous Employment Start with the most recent employer first. Please cover all jobs (**all** periods/gaps between jobs must be accounted for).

Dates (dd/mm/yy)		Name & Address of Employer (nature of business)	Position, brief description of job and salary	Reason for Leaving
From	To			

(Please continue on separate sheet if necessary)

Voluntary/Unpaid Activities

Dates (dd/mm/yy)		Name & Address of Organisation	Position, brief description of role
From	To		

Education, Qualifications & Membership of Professional Associations/Institutes

Please give details of your education and qualifications obtained. This includes any qualification which you are studying for now. Primary school details are not required. You will be required to prove you have obtained these qualifications. If you are a member of a professional association/institute please provide details. (professional body, registration number, expiry date)

Name of awarding body	Date gained	Examinations passed, qualifications/level, skills gained	Grades (where applicable)

References

All candidates – Please give details of two employment referees whom we may ask about your suitability for the post. One of these should be your most recent employer. Referees must not be related to you. If you are a school/college leaver, please give the name and address of a head teacher/tutor and also the manager of your most recent work experience placement – if applicable. (Internal candidates: Please note your line manager must be one of the referees). We reserve the right to approach your current and any previous employer.

Reference 1 : (from present or most recent employer)		Reference 2:	
Name of referee:		Name of referee:	
Name & address of organisation:		Name & address of organisation:	
Tel. No:		Tel. No:	
E-Mail:		E-Mail:	
Occupation:		Occupation:	
Capacity in which known to you:		Capacity in which known to you:	
Dates of employment: to (dd/mm/yyyy)		Dates of employment: to (dd/mm/yyyy)	
May we contact your referee prior to an interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact your referee prior to an interview?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Supporting Information (Please refer to the Person Specification and Job Description)

Please provide any information you consider relevant, including your reason for applying for the post and why you consider yourself to be suitable for the post. **Please look carefully at the Person Specification and Job Description and give examples of how you meet the job requirements.** *This is important, as you will be shortlisted against this criteria. You can also draw on experience you may have gained outside the work environment.*

Remember to provide examples that demonstrate your skills, knowledge and experience.

IMPORTANT INFORMATION

Criminal Convictions (Rehabilitation of Offenders Act)

You are required to disclose any convictions that are current (not 'spent' under the Rehabilitation of Offenders Act 1974). You may be required to disclose convictions that are 'spent' if the post you are applying for is exempt under the Act, e.g. if you will be working with children or vulnerable adults, please read the General Information section contained within the job pack for guidance.

Have you ever been convicted of a criminal offence or received a Police Caution?

Yes ☐ No ☐

If yes, please give full details in a separate document. We will only take them into account if we consider them relevant to the post for which you have applied.

Equality Act 2010

The council wishes to encourage disabled people to apply for jobs – all information will be treated in confidence. The council operates a "Guaranteed Interview Scheme" for disabled people who demonstrate on their job application form that they meet the specified selection criteria for the job.

Do you have a disability which entitles you to qualify under the "Guaranteed Interview Scheme"? (see General Information section within the job pack for detailed definition)

Yes ☐ No ☐

In relation to any disability, do you have any particular requirements in order to attend an interview?

Yes ☐ No ☐

If yes, please give details :

General

Do you hold a current driving licence?

Yes ☐

No ☐

Do you have the daily use of a car?

Yes ☐

No ☐

Do you have any partner/relatives (no matter how distant)/close personal friends who are elected members or employees of the Council? If so, please state name(s), relationship(s) and position(s). (*Canvassing of members/officers of the Council or its Committees directly or indirectly will automatically disqualify any candidate concerned*).

Declaration

I certify that the information provided is true and accurate and in particular that I have not omitted any facts which may have a bearing on my application. I understand that any subsequent contract of employment with the Council will be made on the basis of the information I have provided. I understand that a false declaration which results in my appointment to the Council's service will render me liable to dismissal without notice. I give explicit consent that the information which I give on this form may be processed in accordance with the Council's registration under the Data Protection Act 1998. I have not canvassed either directly or indirectly any officer or member of Prudhoe Town Council in connection with this appointment. Under the provisions of the Local Government Act 1972, I confirm that I am not, nor have been for twelve months prior to this application a serving elected member of this Council.

I agree to Prudhoe Town Council carrying out pre-employment screening relevant to my application.

Mark box to agree and sign below. ☐

Signature:

Date:

(dd/mm/yyyy)

**This page is blank to allow the confidential Recruitment Monitoring Form
to be separated from your application form prior to shortlisting**

STRICTLY CONFIDENTIAL

RECRUITMENT MONITORING FORM

This form will be separated from your application form upon receipt and will not be part of the selection process.

Application for the post of:

Prudhoe Town Council aims to be an equal opportunities employer, and selects staff on merit, irrespective of race, colour, nationality, ethnic or national origins, gender, marital status, family responsibility, age, disability, sexual orientation or religious belief. In order to monitor the effectiveness of our equality policies, the Council requests that all applicants complete this form. In accordance with the Data Protection Act 1998, the information you will provide will only be used for the purposes of equality monitoring. The information will be used in summary form only and may inform improvements to our policies.

What is your Ethnic Group

Choose ONE section from A to F, then tick the appropriate box.

A. White

British ☐

Irish ☐

Any other White background, please state:

D. Black or Black British

Caribbean ☐

African ☐

Any other Black background, please state:

B. Mixed

White and Black Caribbean ☐

White and Black African ☐

White and Asian ☐

Any other Mixed background, please state:

E. Chinese or other ethnic group

Chinese ☐

Other, please write in

F. I do not wish to provide this information. ☐

C. Asian or Asian British

Indian ☐

Pakistani ☐

Bangladeshi ☐

Sikh ☐

Any other Asian background, please state:

Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer to not say <input type="checkbox"/>		Date of Birth (dd/mm/yyyy) Age:	
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Do you have a disability? Please tick one box.

00 - None.	<input type="checkbox"/>	06 - You have mental health difficulties.	<input type="checkbox"/>
01 - You have a specific learning difficulty (for example dyslexia).	<input type="checkbox"/>	07 - You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition.	<input type="checkbox"/>
02 - You are blind or partially sighted.	<input type="checkbox"/>	08 - You have two or more of the above.	<input type="checkbox"/>
03 - You are deaf or hard of hearing.	<input type="checkbox"/>	09 - You have a disability, special need or medical condition that is not listed above.	<input type="checkbox"/>
04 - You use a wheelchair or have mobility difficulties.	<input type="checkbox"/>	10 - I do not wish to provide this information.	<input type="checkbox"/>
05 - You have Autistic Spectrum Disorder or Asperger Syndrome.	<input type="checkbox"/>		

What is your sexual orientation?

Bisexual	<input type="checkbox"/>	Heterosexual/Straight	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>	Other	<input type="checkbox"/>
Gay Woman/Lesbian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

What is your religion/faith/belief?

Christian ☐ Buddhist ☐ Hindu ☐ Jewish ☐ Muslim ☐
Sikh ☐ None ☐ Prefer not to say ☐ Other (please specify) ☐

Media

Please state where you saw this post advertised: