**

**SYSTON TOWN COUNCIL**

**APPLICATION FORM**

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| 1. **POST DETAILS** |
| **Post applied for:** |

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| 1. **PERSONAL DETAILS** |
| **Surname:** |
| **Forename:** |
| **Middle Name:** |
| **Title:** |
| **Address:** |
| **Post Code:** |
| **Email:** |
| **Contact Telephone Number:** |
| **National Insurance Number: NOT NECESSARY** |
| **Passport Number: NOT NECESSARY** |
| **Do you have a current full Driving Licence?** |
| **Bank Details: Account No: NOT NECESSARY Sort Code:** |

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| 1. **PRESENT EMPLOYMENT** | |
| **Job Title:** | **Telephone Number:** |
| **Employer’s Name:** | **Date Started:** |
| **Address:** | **Basic Pay:** |
| **Postcode:** |  |
| Outline of key duties and responsibilities: | |

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| 1. **Experience: (This should include paid and unpaid employment, work experience) please list most recent posts first:** | | | | |
| Organisation | Role | Salary  (If applicable) | Date Employed | Reason for Leaving |
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| 1. **SUMMARY OF EXPERIENCE, SKILLS, AND KNOWLEDGE** |
| Please tell us about your relevant experience, skills, and knowledge which you feel make you the best person for the job. Always give examples of things you have done in your work/home life to fulfil the Person Specification. Please use additional paper if necessary. |

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| 1. **SUMMARY OF EXPERIENCE, SKILLS , AND KNOWLEDGE Cont…..** |
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| 1. **RELATIONSHIPS** |
| Are you related to any Councillor, Senior Officer or employee of Syston Town Council? |

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| 1. **CRIMINAL CONVICTIONS AND CAUTIONS** | | | |
| Do you have any convictions, cautions, reprimands or final warnings that are not “protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198’ available at  **http://www.justice.gov.uk/downloads/offenders/rehabilitation/rehabilitation-offenders.pdf**  **YES**  **NO** **If YES** please provide details in a sealed envelope and attach to your form including date, court and nature of offence. | | | |
| 1. **EDUCATION** | | | |
| Qualifications gained or pending. Please state subject.  (Please be prepared to supply evidence at interview) | Grade | Date Achieved | School/College/University |
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| 1. **MEMBERSHIP OF RELEVANT ORGANISATIONS** | | |
| Professional Body/ Association | Qualification/Membership Level | Dates of Qualification/Membership |
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| 1. **DISABILITY/HEALTH CONDITIONS** |
| Syston Town Council encourages people with disabilities to apply for jobs. This means that the Council is committed to interviewing all applicants with a disability who meet the essential criteria for a job vacancy and to consider their abilities.  **The Equality Act 2010 defines disability as:**  ‘*A physical or mental disability which is substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.’*  **I consider myself to be: Disabled Non Disabled**  Please indicate below if you require any reasonable adjustments, due to a disability or health condition, to enable you to attend an interview, or which you wish us to take into account when considering your application.  Interview information on audio tape  Interview information in large print format  Sign language interpretation or other assistance with communication at interview  Induction loop in interview room  Wheelchair-accessible location for interview  Car parking space for interview (for people with mobility problems only)  Facility for Personal Carer, assistant or other person to accompany you at interview  Please specify any other support, which you would like to be made available on the day |

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| 1. **DATA PROTECTION ACT** |
| The information you supply when requesting a job pack will be held in electronic format for monitoring and evaluation purposes and in connection with any future contact. This information will be kept for a maximum of 18 months from the last contract.  When you sign and return this form you are giving permission to process and hold the information you have supplied on it, including any information you consider to be personal and sensitive. If your application is unsuccessful, the form will be held up to six months and then destroyed. |

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| 1. **INTERVIEW ARRANGEMENTS** |
| Please indicate below any dates when you would not be able to attend for interview: |

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| 1. **REFEREES** | |
| Name: | Name: |
| Address: | Address: |
| Postcode: | Postcode: |
| Email Address: | Email Address: |
| Telephone Number: | Telephone Number: |
| Title/Position | Title/Position |
| Relationship to applicant | Relationship to applicant |
| **One of your referees should be your present employer.** | |

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| 1. **DECLARATION** |
| * I declare that the information I have given on this form is, to the best of my knowledge, correct, true and accurate and that I have not omitted any facts which may have any bearing on my application. I understand that falsification or qualification or any other information may lead to the withdrawal of any offer of employment, or dismissal where employment has already commenced. * By signing this form I agree to Syston Town Council using this information to consult any third parties or external organisations for the purposes of confirming and/or clarifying such information. * I also confirm that I have not directly or indirectly approached a Councillor, Senior Officer, or employee of the Council to support me in making this application as this would disqualify me as a candidate. * I understand that if I don’t tell you about any relationships with any Councillor, Senior Officer, or employees of the Council, or I neglect to tell you about any criminal convictions/cautions/reprimand/final warnings and this is discovered after the appointment, I could be dismissed without notice. * I also understand that satisfactory references, medical clearance, evidence of the right to work in the UK and, if appropriate a satisfactory criminal records Disclosure Certificate, are required before any final offer of employment can be made.   **Signature: Date:** |

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| 1. **MONITORING SECTION** |
| It would be helpful if you could complete this section for us. The Council is committed to equality of opportunity in employment and service delivery and the information you provide will help us to ensure fair and equal treatment of applicants and employees alike. The details you supply will be stored separately to the information on the rest of the application form and will not be used as a basis for decision making within the selection process. |
| Department: |
| Application for post of: |
| Based at: |

1. **How would you describe your ethnicity?**
2. White
3. Mixed
4. Asian & British Asian
5. Black of Black British
6. Chinese or Ethnic Group
7. Gypsy/Traveller
8. Prefer not to state
9. **My sex is Male Female Prefer not to state**

1. **My date of birth is:**
2. **The Equality Act 2010 defines disability as:**

‘*A physical or mental disability which is substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.’*

I consider myself to be Disabled Non Disabled Prefer not to state

1. **My religion is:**
2. Buddhist
3. Christian
4. Hindu
5. Jewish
6. Muslim
7. Other (Please specify)
8. Prefer not to State
9. **My sexual orientation is:**
10. Bi-sexual
11. Gay
12. Lesbian
13. Heterosexual
14. Other
15. Prefer not to state
16. **Where did you see this vacancy advertised?**

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| **Name:** |
| **OFFICE USE ONLY Short listed Interviewed Appointed** |
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**PLEASE RETURN YOUR COMPLETED APPLICATION FORM TO:**

**CATHERINE VOYCE**

**Town Manager**

**Syston Town Council**

**School Street**

**Syston**

**Leicester**

**LE7 1HN**

**Or email:** [**catherine@systontowncouncil.gov.uk**](mailto:catherine@systontowncouncil.gov.uk)