

Confidential When Complete

Droitwich Spa Town Council



**Town of Wich
otherwise
Droitwich**

Application Form

Job Title: Assistant Town Clerk – Communities and Amenities

Job Reference: TC 2/ATCCA

Applicant's name

Thank you for requesting an application form for the above vacancy. We will use this form to help decide your suitability for the job so please make sure that it is accurate and complete. You should complete all sections in black ink or typeface to assist with photocopying the form. Please do not send any curriculum vitae or testimonials unless asked to do so.

Please return your completed form no later than the closing date to the address shown below. Late applications may not be considered.

Please mark the envelope “Private and Confidential”, Ref TC 2/ATCCA

**Droitwich Spa Town Council
St Richards House
Victoria Square
Droitwich Spa
Worcestershire
WR9 8DS**

2 Education, Training and Qualifications

Please give brief details of all training and other courses you have undertaken which are relevant to this post.

Name of School/College/ University attended	From-To	Qualifications including grades	Date obtained
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1 Schools (after age 11)

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2 Further or higher education (Full and Part-time)

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3 Professional or other courses including training courses attended, NVQs etc

	Duration	Name of any qualification awarded and date

4 Current Membership of professional organisations

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5 Driving Qualifications

Do you hold a current, valid full driving licence? Please describe eg Car/LGV/PCV	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own a car?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have access to one?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4 Additional Information

Please explain how your skills, abilities, experience and achievements to date (including leisure and voluntary) would make you a suitable candidate for this post. Please refer to the criteria on the enclosed person specification.

(Continue on separate sheet if necessary)

5 Convictions/Disqualifications

Please give details and dates of any criminal convictions or driving offences.

EXPLANATORY NOTE

Under the Rehabilitation of Offenders Act 1974, a conviction will become "spent" (ie treated as if it had never occurred) where the individual has not, after a period of time, committed another serious offence. Rehabilitation periods vary depending on the type and length of conviction originally incurred, for example:

- Imprisonment for over 6 months but less than 30 months – Ten years
- Imprisonment over 30 months – Never "spent"
- Fine or sentence not covered by the Act – Five years
- Conditional discharge – One year
- Probation – Five years

However if the post is covered by the Rehabilitation of Offenders Act (Exemptions) Order 1975 any convictions, whether spent or not, must be detailed. Please check in the job details for the "Spent" Conviction status of this post.

I have a conviction or disqualification which is not spent under the terms of the Rehabilitation of Offenders Act and I attach an additional sheet providing details and dates of all convictions and disqualifications.

Tick all relevant boxes

I do not have any convictions or disqualifications

I have current penalty points on my driving licence

6 References

Please give details of two people, one of which should normally be your current line manager, who are able and willing to comment on your suitability for this job.

Name:

Name:

Address:

Address:

Telephone Number:

Telephone Number:

Relationship to you, eg Manager, Colleague etc

Relationship to you, eg Manager, Colleague etc

Do you wish to be consulted before this referee is approached

Yes

No

Do you wish to be consulted before this referee is approached

Yes

No

7 Declaration

I have read the information given to me about this job and understand the council's position on employing people with a disability as described in section 1. I confirm that I do not have any physical or medical impairment, which would prevent me from carrying out the duties of this job. I declare that all the information given in this application is correct and complete. I understand that if any information I have provided is found to be untrue any offer may be withdrawn or any contract of employment may be terminated.

Signature:

Date:

DROITWICH SPA TOWN COUNCIL

Equal Opportunities Monitoring Form

Droitwich Spa Town Council is committed to the elimination of all forms of unjustifiable discrimination. We are actively pursuing equality of opportunity for all by seeking to ensure that all prospective and existing employees are treated fairly. We will only take into account personal circumstances and characteristics, which we can justify as being relevant to employment. In working towards this, we ask all applicants for promotion or recruitment to complete the questions detailed below.

This information will be treated as completely confidential and will be used for monitoring purposes. This information will be detached from the application form on receipt and will not be considered during the selection process. If appointed this information will form part of your personnel record. See overleaf for explanatory notes.

Please tick as appropriate:

1. Which of the following do you consider to be your ethnic origin?

(tick only one box), see below for explanatory notes.

- | | | |
|---|--|---|
| <input type="radio"/> White British (AWB) | <input type="radio"/> White and Black Caribbean (BWBC) | <input type="radio"/> Indian (CIN) |
| <input type="radio"/> White Irish (AWI) | <input type="radio"/> White and Black African (BWBA) | <input type="radio"/> Pakistani (CP) |
| <input type="radio"/> White Other (AWO) | <input type="radio"/> White and Asian (BWA) | <input type="radio"/> Bangladeshi (CB) |
| | <input type="radio"/> Mixed Other (BMO) | <input type="radio"/> Asian Other (CAO) |
| <input type="radio"/> Caribbean (DBC) | | |
| <input type="radio"/> African (DBA) | <input type="radio"/> Chinese (ECH) | |
| <input type="radio"/> Black Other (DBO) | <input type="radio"/> Other Ethnic Group (EOE) (Please describe) | |

2. Are you

Male

Female

3. Do you have a disability?

Yes

No

For these purposes, disability is defined as any physical or mental impairment which has a substantial and long term (over 12 months) adverse effect on your ability to carry out normal day to day activities.

4. Please tick the age band currently applicable to you

i. Up to 19

ii. 20-29

iii. 30-39

iv. 40-49

v. 50-65

vi. Over 65

Equal Opportunities Monitoring Form Explanatory Notes

Ethnic Origin

The ethnic groups set out on the previous page are those recommended by the Commission for Racial Equality and used in the 2001 Census.

Ethnic origin questions are not about nationality, place of birth or citizenship; they are about colour and broad ethnic group. UK citizens can belong to any of the groups indicated.

If you are descended from more than one ethnic group, please tick the group to which you consider you belong or tick the 'other ethnic group' box and give details in the space provided.

Disability

Droitwich Spa Town Council undertakes to interview disabled people who meet the minimum/essential criteria detailed on the person specification. For these purposes, disability is defined as any physical or mental impairment, which has substantial and long term (over 12 months) adverse effect on your ability to carry out normal day to day activities.

If you need any particular arrangements to be made for interview e.g. access, sign interpreter, induction loop system, taping of documents etc, please specify:
