Post Applied for: Tow		Town Clerks A	own Clerks Assistant		Post Number:			
	Honiton Town Council							
	Council							
		JO	p Ap	plication Fo	)			
Closing Date:	noon, 2024	Friday 19 <sup>th</sup> April		Interview Date:	(prov) 29 <sup>th</sup> Apri 2024			
				k or type. C.V's are only after the closing date wi				
THE IN	IFORM	ATION YOU S	SUPPLY ON	I THIS FORM WILL BE	TREATED IN CON	IFIDENCE.		
Section	1	Perso	nal deta	ails				
Last Name:				First Name:				
Address:								
Postcode:				7				
Letters Numbers Letter								
Home Telephone №: National Insurance №:								
Daytime Telephone №:								
Mobile Telephone №:								
E-mail address:								
Can we contact you at work?  Yes No								
the UK with no current immigration restrictions?								

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Yes

No

<u>Driving Licence</u>
Do you hold a full, clean driving licence valid in the UK?

## **Section 2 Present Employment** Present or Last Employment (If unemployed give details of last employer) Name of Employer: Address: Postcode: **Post Title: Date of Appointment:** Salary: **Department / Section: Brief description of duties:** Continue on a separate sheet if necessary Last day of service **Period of Notice:** (if no longer employed):

Reason for leaving (if no longer employ ed):

## **Section 3** Previous Employment

**Previous Employment** (most recent employer first). Please cover the last 10 years and state nature of business - if not public sector

Name of Employer:	
Address:	
	Postcode
Position Held:	
Summary of duties:	
Reason for leaving:	
Name of Employer:	
Address:	
	Postcode
Position Held:	
Summary of duties:	
Reason for leaving:	
Name of Employer:	
Address:	
	Postcode
Position Held:	
Summary of duties:	
Reason for leaving:	
Continue on a senarate	shoot if necessary

# Section 4 Education Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first: College or University Course Qualifications and grades obtained School Subjects Qualifications and grades obtained

Continue on a separate sheet if necessary

## **Professional, or Technical Qualifications**

Please give details:

Professional/Technical/ Qualifications	Course Details		
Membership of any Professional / Technical Associations- Please state level of Membership:			
Membership of any Professional / 7	Technical Associations- Please state level of Membership:		

Continue on a separate sheet if necessary

## **Section 5** Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

## Please use this section to explain in detail how you meet the requirements of the Person and Job Specifications. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used. Continue on a separate sheet if necessary

**Personal Statement** 

**Section 6** 

Abilities, skills, knowledge and experience.

Section 7 Rehabilitation of Offenders Act (1974)
Do you have any convictions that are unspent under the rehabilitation of offenders' act 1974?  No
If yes, please give details / dates of offence(s) and sentence:
On allow O. Dischilles Discoules allow Act
Section 8 Disability Discrimination Act
This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.
Do you have a disability which is relevant to your application? Yes No
If yes, please give details:
We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.
Do we need to make any specific arrangements in order for you to attend the interview?
If yes, please give details:

## Section 9 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1			Reference 2		
Name:			Name:		
Position (job title):			Position (job title):		
Work Relationship:			Work Relationship:		
Organisation:			Organisation:		
Address:			Address:		
	Postcode			Postcode	
Telephone Nº:			Telephone Nº:		
E-mail:			E-mail:		
Are you willing for referee to be apprior to the interv	oroached <b>Yes</b>	No	Are you willing for referee to be approprior to the intervie	pached <b>Yes</b>	No
		ne previous 12 mon			

## **Section 10 Recruitment Monitoring Form**

Town Clerks Assistant

Application for the post of:

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely for monitoring purposes.

	o us ensure that our Equal Opportuniti COMPLETE THIS SECTION OF THE			and fairly implemented (and for no other rea FORM.	son)	
What	is your Ethnic Group?					
Choos	e ONE section from A to E, and then t	ick the appro	priat	e box to indicate your cultural background.		
A. W	hite		D.	Black or Black British		
	White UK			Black Caribbean		
	Irish			Black African		
	White non-UK			Any other Black background (please give details):		
	Any other White background (please give details):					
В.	Mixed		E.	Chinese or other ethnic group		
	White & Black Caribbean			Chinese		
	White & Black African			Vietnamese		
	White & Asian			Any other ethnic background (please give details):		
	Any other Mixed background (please give details):					
C.	Asian or Asian British		F. info	I do not wish to provide this rmation		
	Indian					
	Pakistani					
	Bangladeshi					
	Any other Asian background (please give details):					

Gender
Male Female
Date of Birth:
Disability:
Disability is defined as "physical or mental impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities".
Do you consider yourself disabled? Yes No
If yes, please give details:
Media
Please state where you saw this post advertised
Section 11 Declaration
A. Relatives/Other Interests  Any candidate who directly or indirectly canvasses a Councillor will be disqualified from consideration for the job. The Council does not bind itself to appoint any applicant.
Are you related to or do you have a close personal relationship with a Councillor(s) Yes No
If yes, specify name(s), position(s) and relationship(s)
If appointed, do you have any interests or hold any appointments that may conflict with employment by the Council in the role for which you have applied?  Yes  No  Statement to be Signed by the Applicant

## B. Statement to be Signed by the Applicant

The Council is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I acknowledge that the Council is under a duty to protect the public funds it administers and to this end I agree it may use information provided on this form for prevention and detection of crime and it may share this information with other bodies solely for these purposes. I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes.

		hereby	certify	that:
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<ul> <li>all the information given by me on this form is correct to the best of my knowledge</li> <li>all questions relating to me have been accurately and fully answered</li> <li>I possess all the qualifications which I claim to hold</li> <li>I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.</li> </ul>				
Signed:		Date:		

Unfortunately, applicants who do not hear from Honiton Town Council must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post. If you would like to know if we have received your application form please enclose a stamped addressed post card.

Honiton Town Council undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc.) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

### RETURNING THIS FORM

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By Hand or Post:

Mr Stephen Hill Honiton Town Council, The Beehive, Dowell Street, Honiton, Devon, EX14 1LZ By email: (application to be signed at interview) clerk@honiton.gov.uk

or

towncouncil@honiton.gov.uk