

# application form



<p><i>Post Title:</i></p> <p><i>Post Ref:</i></p> <p><i>Closing Date:</i></p>
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*Please complete this form in black ink or type, as it will be photocopied.  
The decision to shortlist for interview will be based solely on the information provided in this application.  
CVs will not be accepted. Additional information should be limited to one sheet of A4.*

## PERSONAL DETAILS

SURNAME	FORENAMES	NATIONAL INSURANCE NUMBER
<i>Title for correspondence (eg Mr/Mrs/Ms/Dr)</i>		
ADDRESS		
TELEPHONE NOS HOME:	MOBILE:	WORK:
EMAIL ADDRESS (if applicable)		

## PRESENT EMPLOYMENT

EMPLOYER'S NAME, ADDRESS AND NATURE OF BUSINESS	
TELEPHONE NO.	
POSITION HELD	SALARY, GRADE AND BENEFITS
DATE OF APPOINTMENT	NOTICE REQUIRED
MAIN DUTIES AND RESPONSIBILITIES (please attach a copy of your organisation structure indicating your present role)	

### **EMPLOYMENT HISTORY**

EMPLOYER'S NAME AND NATURE OF BUSINESS	POSITION HELD AND SALARY/GRADE ON LEAVING	DATES EMPLOYED FROM TO	REASON FOR LEAVING

### **EDUCATION HISTORY**

SECONDARY SCHOOL ATTENDED	DATES ATTENDED	EXAMINATIONS PASSED	GRADE
COLLEGE/UNIVERSITY ATTENDED	DATES ATTENDED	EXAMINATIONS PASSED	GRADE
TRAINING COURSES ATTENDED			DATES ATTENDED

### **MEMBERSHIP OF PROFESSIONAL BODIES**

NAME OF BODY, LEVEL AND DATE OF MEMBERSHIP OBTAINED (state whether by examination)

**REFERENCES**

EXTERNAL CANDIDATES ONLY – PLEASE GIVE DETAILS OF TWO PERSONS WHO WILL PROVIDE A REFERENCE FOR YOU. NEITHER SHOULD BE A RELATIVE AND ONE SHOULD BE YOUR PRESENT, OR IF YOU ARE UNEMPLOYED, LAST EMPLOYER. CAN YOU INDICATE WHETHER WE MAY CONTACT YOUR REFEREES BEFORE INTERVIEW?

**EXISTING EMPLOYEES SHOULD INSERT DETAILS OF THEIR CURRENT MANAGER, IT SHOULD BE NOTED THAT THEY WILL BE ASKED TO SUPPLY A WORK REPORT PRIOR TO INTERVIEW.**

<i>REFEREE 1</i>	<i>YES/NO</i>	<i>REFEREE 2</i>	<i>YES/NO</i>
NAME		NAME	
POSITION		POSITION	
ADDRESS		ADDRESS	
		TELEPHONE NO.	
TELEPHONE NO.			

**REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS ORDER) 1975 (AS AMENDED 2013)**

**DISCLOSURE OF CRIMINAL BACKGROUND OF THOSE WITH SUBSTANTIAL ACCESS TO CHILDREN IS REQUIRED.**

**HAVE YOU EVER RECEIVED A FORMAL WARNING, CAUTION OR BEEN CONVICTED OF A CRIMINAL OFFENCE?**

Answering YES does not necessarily ban you from appointment. If YES, you are required to give details as this post, for which you are applying, is exempt from the provision of the Rehabilitation Of Offenders Act 1974 (Exceptions Order) 1975 (as amended 2013) A subsequent offer of appointment will be dependent upon the receipt of a satisfactory enhanced disclosure and barring service check.

Yes:

Please provide details:

If No please tick box and sign  signed .....

**RELATIONSHIPS**

ARE YOU RELATED TO ANY COUNCILLOR OR EMPLOYEE OF THE COUNCIL?

**DRIVING**

DO YOU HOLD A CURRENT FULL DRIVING LICENCE?	DO YOU HAVE ANY CURRENT ENDORSEMENTS:
DO YOU HAVE ACCESS TO A CAR FOR WORK?	

**DECLARATION**

*CANVASSING - Any candidate, who canvasses a councillor or employee of the Council, either directly or indirectly, will be disqualified from appointment. The sending of copies of, or extracts from, the application or testimonials will be regarded as canvassing.*

**I declare that the information given in this application is true. I accept that giving false information will disqualify me from being appointed or, if appointed, may result in my dismissal.**

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Date:**

**PLEASE GIVE YOUR REASONS FOR APPLYING TOGETHER WITH DETAILS OF ANY PREVIOUS RELEVANT EXPERIENCE OR SPECIAL SKILLS AND HOW THEY MEET THE REQUIREMENTS OF THE JOB.**

Empty box for providing reasons for applying, previous relevant experience, or special skills.



# EQUALITY & DIVERSITY MONITORING FORM



The information that you provide on this form will be used for monitoring and will not be used for any other purpose or stored electronically. Information will be used in aggregate form only and where there are less 3 people providing a response this will not be reported.

<b>AGE</b>	<b>0-4</b>	<input type="checkbox"/>	<b>20-29</b>	<input type="checkbox"/>
Please choose one option only.	<b>5-7</b>	<input type="checkbox"/>	<b>30-39</b>	<input type="checkbox"/>
	<b>8-10</b>	<input type="checkbox"/>	<b>40-49</b>	<input type="checkbox"/>
	<b>11-9</b>	<input type="checkbox"/>	<b>50-59</b>	<input type="checkbox"/>
	<b>10-13</b>	<input type="checkbox"/>	<b>60-69</b>	<input type="checkbox"/>
	<b>14-16</b>	<input type="checkbox"/>	<b>70-79</b>	<input type="checkbox"/>
	<b>17-19</b>	<input type="checkbox"/>	<b>80 &amp; over</b>	<input type="checkbox"/>
I prefer not to answer this question <input type="checkbox"/>				

<b>CARING RESPONSIBILITIES</b>			
Do you have caring responsibilities (ie for children, parents or others)? Please choose one option only.			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			I prefer not to answer this question <input type="checkbox"/>

<b>DISABILITY STATUS</b>			
Do you consider yourself to be a disabled person i.e. may experience discrimination on grounds of impairment or long-term health condition? Please choose one option only.			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			I prefer not to answer this question <input type="checkbox"/>
If yes, please choose all the relevant options.			
Physical impairment	<input type="checkbox"/>	Sensory impairment	<input type="checkbox"/>
Mental health condition	<input type="checkbox"/>	Learning disability / difficulty	<input type="checkbox"/>
Memory impairment	<input type="checkbox"/>	Visibly different	<input type="checkbox"/>
Long-standing illness or health condition	<input type="checkbox"/>		
Any other impairment <input type="checkbox"/> - please specify below			
.....			
I prefer not to answer this question <input type="checkbox"/>			

<b>LEGAL GENDER</b>			
Please tick one box only	Male	<input type="checkbox"/>	Female <input type="checkbox"/>
I prefer not to answer this question <input type="checkbox"/>			

<b>MARITAL / CIVIL PARTNERSHIP STATUS</b>			
Please choose one option only (the one that best describes your status).			
Married or in a civil partnership	<input type="checkbox"/>	Divorced or dissolved civil partnership	<input type="checkbox"/>
Widow or widower	<input type="checkbox"/>	Surviving partner from a civil partnership	<input type="checkbox"/>
Single	<input type="checkbox"/>	Separated, but still legally married or in a civil partnership	<input type="checkbox"/>
			Living with someone <input type="checkbox"/>
I prefer not to answer this question <input type="checkbox"/>			

<b>POST CODE</b>	
Please write your Post Code	.....

**RACE AND ETHNICITY**

Please choose one option only (the one that best describes your racial/ethnic origin).

<b>White</b>	British	<input type="checkbox"/>	
	Irish	<input type="checkbox"/>	
	Any other White background	<input type="checkbox"/>	- please specify below
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<b>Multi-Ethnic</b>	White & Black Caribbean	<input type="checkbox"/>	White & Black African <input type="checkbox"/>
	White & Asian	<input type="checkbox"/>	
	Any other Multi-Ethnic background	<input type="checkbox"/>	- please specify below
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<b>Asian or Asian British</b>	Indian	<input type="checkbox"/>	Pakistani <input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	Chinese <input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>	- please specify below
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<b>Black or Black British</b>	Caribbean	<input type="checkbox"/>	African <input type="checkbox"/>
	Any other Black background	<input type="checkbox"/>	- please specify below
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<b>Other</b>	Arab	<input type="checkbox"/>	
	Gypsy/Romany/Traveller of Irish Heritage	<input type="checkbox"/>	
	Any other Ethnic background	<input type="checkbox"/>	- please specify below
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I prefer not to answer this question <input type="checkbox"/>			

**RELIGION AND BELIEF**

Do you belong to a particular religion or hold a particular belief? Please choose one option only.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I prefer not to answer this question	<input type="checkbox"/>
If Yes, which option best describes your religion or belief? Please choose one option only.					
Agnostic	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Pagan	<input type="checkbox"/>
Atheism	<input type="checkbox"/>	Humanist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>		
Christianity (all denominations)	<input type="checkbox"/>	Muslim	<input type="checkbox"/>		
Other religion/belief	<input type="checkbox"/> - please specify below				
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I prefer not to answer this question <input type="checkbox"/>					

**SEXUAL ORIENTATION**

Please choose one option only (the one that best describes your sexuality).

Bisexual	<input type="checkbox"/>	Gay woman/Lesbian	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Heterosexual/Straight	<input type="checkbox"/>
Other	<input type="checkbox"/>	- please specify below	
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I prefer not to answer this question <input type="checkbox"/>			

**Protecting your personal information**

Medway Council will keep the information provided above as confidential. Access to, retention and disposal of this information will be strictly in accordance with data protection requirements. It will be used solely to ensure that Medway Council meets its obligations under equality legislation. Individuals will not be identifiable in any reporting.