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| **POST APPLIED FOR:** | **ADMINISTRATION ASSISTANT** |
| **PERSONAL DETAILS** |
| Surname: | First name(s): |
| Former or changed name(s): |
| National Insurance Number: | Current Address: |
| Home Tel: |  |
| Mobile Tel: |  |
| Email: | Post Code: |
| Please indicate your preferred method of contact:Email ( ) Home Tel: ( ) Mobile Tel: ( )Can we contact you during working hours? Yes / No |
| If you have a disability, please tell us if there are any reasonable adjustments we can make to help you in your application or with our recruitment process. |
| Are there any dates that you will not be available for interview? |
| Do you need a work permit to work in the UK? Yes / No |
| **BRIEFLY EXPLAIN WHAT ATTRACTS YOU TO THE ROLE** |
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| **CURRENT EMPLOYER (OR IF NOT IN EMPLOYMENT YOUR LAST EMPLOYER)** |
| Employer’s name | Position held |
| Employer’s address | Date started |
|  | Date finished |
|  | Reason for leaving |
|  | Salary |
| Brief description of duties, responsibilities etc(continue on separate sheet if necessary) |

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| **PLEASE DETAIL ANY RELEVANT PAID OR VOLUNTARY WORK – please list most recent first** |
| From | To | Name and address of employer | Position and brief description of duties | Reason for leaving |
|  |  |  | (continue on separate sheet if necessary) |  |

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| **EDUCATIONAL/VOCATIONAL TRAINING AND QUALIFICATIONS – relevant to the post applied for – list most recent first** |
| From | To | Establishment | Examinations, qualifications, grades and achievements | Awarding Body | Date of Award  |
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| **MEMBERSHIP OF PROFESSIONAL BODIES – relevant to the post applied for** |
| Name of Professional Body | Reference/Membership Number |
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| **EVIDENCE TO SUPPORT YOUR APPLICATION – Using the information detailed in the job description, please use the space below to outline your skills and experience and suitability to the role.** |
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| (continue on separate sheet if necessary) |

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| **REFERENCES** |
| Give the names, addresses and telephone numbers of two referees. One must be your current employer or, if you are currently out of work, your last employer. References from friends or purely social acquaintances are unacceptable. |

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| Name |
| Position |
| Relationship |
| AddressPostcode |
| Telephone No. |
| Permission to contact prior to interview Yes/No |

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| Name |
| Position |
| Relationship |
| AddressPostcode |
| Telephone No. |
| Permission to contact prior to interview Yes/No |

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| **CRIMINAL RECORDS** |
| 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). Have you ever been convicted of a criminal offence or received a Police Caution? Yes / No Having an unspent conviction will not necessarily bar you from employment. This will depend upon the circumstances and background to your offence(s). Criminal records will only be taken into account when the conviction is relevant.**CRIMINAL RECORDS DECLARATION** I confirm that **I am not** on Section 142 of the Education Act, disqualified or barred from working with children and/or vulnerable adults, or subject to sanctions imposed by a regulatory body and have no convictions, cautions, reprimands, warnings or bind-overs. **SIGNED**……………………………………………………………………..……… **DATE**…………………….…… |
| **RELATIONSHIPS AND CANVASSING** |
| Please declare below any family or close relationship with an existing employee or councillor of Ashington Town Council.**CANVASSING OR NON-DECLARATION WILL DISQUALIFY APPLICANTS** |
| **DECLARATIONS** |
|  | I declare that the information given above is correct to the best of my knowledge. I understand that deliberately giving false or incomplete answers could disqualify me from consideration, or, in the event of my appointment, make me liable to summary dismissal and possible referral to the police. If appointed I give my consent under the Data Protection Act 1998 for Ashington Town Council to retain and to make reasonable use of the personal information I have provided in connection with its employment policies, procedures and practices.**SIGNED**……………………………………………………………………..……… **DATE**…………………….…… |

**This page is blank to allow the confidential Recruitment Monitoring Form**

**to be separated from your application form prior to shortlisting**

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|  | **STRICTLY CONFIDENTIAL** |  |

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| **RECRUITMENT MONITORING FORM** |

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

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| **Application for the post of:**  |

Ashington 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.

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| **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:       **B. Mixed** White and Black Caribbean [ ]  White and Black African [ ]  White and Asian [ ]  Any other Mixed background, please state:       **C. Asian or Asian British** Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Sikh [ ]  Any other Asian background, please state:        | **D. Black or Black British** Caribbean [ ]  African [ ]  Any other Black background, please state:       **E. Chinese or other ethnic group** Chinese [ ]  Other, please write in       **F. I do not wish to provide this** **[ ]  information.** |

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| **Gender** Male [ ]  Female [ ] Non-Binary [ ]  Transgender [ ]  Prefer to not say [ ]  | **Date of Birth**      (dd/mm/yyyy) Age:      |

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| **Do you have a disability?** Please tick one box. |
| 00 - None. | [ ]  | 06 - You have mental health difficulties. | [ ]  |
| 01 - You have a specific learning difficulty (for example dyslexia). | [ ]  | 07 - You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition. | [ ]  |
| 02 - You are blind or partially sighted. | [ ]  | 08 - You have two or more of the above. | [ ]  |
| 03 - You are deaf or hard of hearing. | [ ]  | 09 - You have a disability, special need or medical condition that is not listed above. | [ ]  |
| 04 - You use a wheelchair or have mobility difficulties. | [ ]  | 10 - I do not wish to provide this information. | [ ]  |
| 05 - You have Autistic Spectrum Disorder or Asperger Syndrome. | [ ]  |  |

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| **What is your sexual orientation?** |
| Bisexual | [ ]  | Heterosexual/Straight | [ ]  |
| Gay Man | [ ]  | Other | [ ]  |
| Gay Woman/Lesbian | [ ]  | Prefer not to say | [ ]  |

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| **What is your religion/faith/belief?** |
| Christian | [ ]  | Buddhist | [ ]  | Hindu | [ ]  | Jewish | [ ]  | Muslim | [ ]  |
| Sikh | [ ]  | None | [ ]  | Prefer not to say | [ ]  | Other (please specify) |  |

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| **Media**Please state where you saw this post advertised:  |
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