

# Application Form

## Non Teaching Posts

**Post Title:**

**Post Ref:**

**Closing Date:**

Please complete this form in black ink or type. Additional information should be limited to one sheet of A4.

Information from this application may be processed for purposes permitted under the General Data Protection Regulation. Individuals have, on written request, the right of access to personal data held about them.

This data will be used by us to evaluate your suitability for this role as part of the recruitment process. On submission of the completed form, we will keep your application for up to 6 months after the recruitment ends, under employment law, after which it will be destroyed. You may ask for your application data to be destroyed at any time.

In order to comply with the recruitment requirements of some roles, and to assess your suitability, you may be asked for information about your criminal history. Where provided, this data will not be used as part of the shortlisting process, unless required by law, and will only be used to assess your suitability for the role, during the appropriate stage of the recruitment process.

### Personal Details

Surname  <i>Title for correspondence (eg Mr/Mrs/Ms/Dr)</i>	Forenames	National Insurance Number
<p>Address:</p>  <p>Landline telephone: Mobile number</p> <p>Email address:</p> <p>Preferred method of contact:</p> <p>Can you provide one of the following, a British passport, a UK Residence Permit or legal document that proves you are able to work in the UK? this will be required later in the recruitment process</p> <p>Yes <input type="checkbox"/></p>		

### Current or last employment

Employer's name, address and nature of business	
Position held	Salary, grade and benefits
Date of appointment	Notice required
Main duties and responsibilities	

### Employment History

Employer's name and nature of business	Position held	Dates employed FROM TO	Reason for leaving

### Education History

Secondary school attended	Dates Attended	Qualifications gained	Grade
College/University attended	Dates Attended	Qualifications gained	Grade
Training courses attended			Dates attended

### Membership of Professional Bodies (if applicable)

Name of body, level and date of membership obtained.(state whether by examination)
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## References

Please provide details of two people from who references can be obtained, one must be your current or most recent employer. If you are leaving education one referee should be a tutor/teacher. If you are not currently employed or in education then personal referee details should be supplied. This referee should be an upstanding member of the community and should be able to comment on your suitability for the role in a professional capacity.

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.

**Please can you indicate whether we may contact your referees before interview?**

<b>Referee 1</b>	<b>Yes/No</b>	<b>Referee 2</b>	<b>Yes/No</b>
Name:		Name:	
Position:		Position:	
Address:		Address:	
Telephone number:		Telephone number:	

## Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975 (as amended 2013)

**DISCLOSURE 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 any employee of Medway Council ?

## 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..

## Equalities Statement

We are committed to treating job applicants, our employees and customers in a fair and equal manner. We work to ensure that unlawful discrimination does not occur on the grounds of gender/sex, colour, race, nationality, marital status, pregnancy and maternity, religion/belief, secular orientation, age or disability.

The questions are designed to assist us to monitor the effectiveness of our equality and diversity policies and to enable us to ensure that our recruitment processes are working for all sections of the community. The information that you provide will enable us to check that we are attracting suitable candidates with a range of characteristics and that they are appropriately successful in the short listing and interview stages. We know that this information is personal and we ensure that this information is recorded in strictest confidence and used only for monitoring purposes.

We encourage you to answer the questions as fully as possible, using the 'I prefer not to answer' option as appropriate. Thank you for your help

### CARING RESPONSIBILITIES

Do you have caring responsibilities (ie for children, parents or others)? Please choose one option only.

Yes

☐

No

☐

I prefer not to answer this question

☐

### DISABILITY STATUS

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

☐

No

☐

I prefer not to answer this question

☐

If yes, please choose all the relevant options.

Physical impairment

☐

Sensory impairment

☐

Mental health condition

☐

Learning disability / difficulty

☐

Memory impairment

☐

Visibly different

☐

Long-standing illness or health condition

☐

Any other impairment ☐ - please specify below

.....  
I prefer not to answer this question ☐

### LEGAL GENDER

Please tick one box only

Male

☐

Female

☐

I prefer not to answer this question ☐

### MARITAL / CIVIL PARTNERSHIP STATUS

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

Married or in a civil partnership

☐

Divorced or dissolved civil partnership

☐

Separated, but still legally married or in a civil partnership

☐

Widow or widower

☐

Surviving partner from a civil partnership

☐

Living with someone

☐

Single

☐

I prefer not to answer this question ☐

### 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
<hr/>			
<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
<hr/>			
<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
<hr/>			
<b>Black or Black British</b>	Caribbean	<input type="checkbox"/>	African <input type="checkbox"/>
	Any other Black background	<input type="checkbox"/>	- please specify below
<hr/>			
<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

I prefer not to answer this question ☐

### 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			

I prefer not to answer this question ☐

### 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	

I prefer not to answer this question ☐



### 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.