#### **APPLICATION FORM**

# Chideock Parish Council

**PERSONAL DETAILS** 

# Appointment of Clerk and Responsible Financial Officer

Chideock Parish Council is an equal opportunities employer and your application will be judged solely on merit and irrespective of ethnic origin, race, colour, gender, disability, age, trade union activity, marital status, religion, belief or sexual orientation or any other protected characteristic. Please answer all the questions in this form honestly and truthfully and read and sign the declaration and consents at the end of the form to provide the best chance of obtaining an interview. If you require any assistance, please contact Sal Robinson, the current Clark, on chideock@dorsetaptc.gov.uk.

Please complete the form in full on line or on paper in black ink and use only A4 size paper for any continuation sheets.

Family Name:		
Forename(s):		
Preferred Title:		
Address:		
Post Code:		
Home Tel. No:	Work Tel. No:	
Mobile No:		
Email Address:		
OUTSIDE INTEDESTS AND	NON-VOCATIONAL EXPERIENCE	
Please give details of any or relevant and will support your	utside interests or non-vocational experience which you fee rapplication.	el may be

Unit 7

1974. Unless the nature of the pe	osition allow about "unspe	s the Coun ent" convict	ned by the Rehabilitation of Offenders Act icil to ask questions about your entire ions. A criminal record will not necessarily
EDUCATION AND QUALIFICAT			
Please give details of your educa	tion and qua	alifications o	obtained plus those currently being pursued.
	Dat	1	
Secondary School, College and/or University	From	То	Qualifications/grades obtained
PROFESSIONALAND TECHNIC	CAL BODIE	S MEMBEI	RSHIP
Please give details of any releva	int nrofessio	nal or tech	nical hodies of which you are a member by

**REHABILITATION OF OFFENDERS ACT 1974** 

Please give details of any relevant professional or technical bodies of which you are a member by examination or subscription and any CPD you have undertaken.

	Level of	
Name of Institute/Professional Body	Membership	Year of Award

### TRAINING COURSES

Please give details of any relevant short training courses, trade/professional training, Government training schemes or secondments you have completed.

Course Title and Duration	Provider	Date

PRESENT OR MOST RECENT EMPLYMENT.
Employer:
Address:
Post Code:
Job Title:
Current or Final Salary:
Date Commenced:
Leave Date or Notice Period Required:
Please provide a list of the main duties and responsibilities of your current or most recent job. (Please attach a copy of the job description if you wish.)

Why do you/did you wish to lea	ave you	r current	:/most recent job?	
	•			
Please list all your previous er	nployme	ent histo	ry in chronological order	(last 10 years only) using a
separate sheet if necessary ar	nd pleas	e give re	easons for any gaps in yo	our employment history.
Name and Address of Employer	Employment Period		Job Title and Salary	Reason for Leaving
. ,	From	То		
The information you provide in				
give details of your knowled	ge, qua	dification	ns, experience, skills, ar	nd ability to cope with the
demands of the post, relating Specification and Job Descrip	_		•	
A4 sheets if necessary.				

PREVENTION OF ILLEGAL WORKING.	
Are you eligible to work in the UK? Yes □ No	o 🗆
Do you require a work permit to take up employm	ent in the UK? Yes $\ \square$ No $\ \square$
	you can work legally in the UK. Prior to taking up le evidence of a passport and/or other relevant uncil that you comply with this requirement.
Are there any restrictions on your residing in the l	JK? Yes □ No □
DRIVING LICENCE	
Do you hold a current driving licence? Yes licence you hold:	☐ No ☐ If "yes" please state type of
Are you a car owner or do you have a car at your	disposal? Yes □ No □
Do you have any current endorsements?	Yes □ No □ If "Yes", please specify:
REFERENCES	
Please give details of two persons who we could for you.	contact and would be willing to supply a reference
Name:	Name:
Position:	Position:
Address:	Address:
Post Code:	Post Code:
E-mail address:	E-mail address:
Tel. No.:	Tel. No.:
Capacity known to you:	Capacity known to you:

References will be obtained if you are offered the appointment.

RELATIONSHIPS
Are you, to your knowledge, related to or have any relationship with an Elected or Co-opted
Member or employee of the Council? Yes $\square$ No $\square$
If "yes", please give details.
DICARUITY DICCRIMINATION ACT 4005
DISABILITY DISCRIMINATION ACT 1995
Do you have a disability you wish us to know about at this stage? Yes □ No □
If you to posit up in molting the interview arrangements places note below if you believe there are
If yes, to assist us in making the interview arrangements please note below if you believe there are any reasonable adjustments we should be making.
any reasonable adjustments we should be making.
DECLARATION AND DATA PROTECTION ACT CONSENT
DESCRIPTION AND DATA I NOTESTICK AST SONSERT
I declare that all the foregoing details given in this application are true to the best of my knowledge
and understand that verification checks may be made. I also understand that if the information
have given is found to be untrue or misleading this will be sufficient grounds for disqualification from
appointment or dismissal from any employment gained.
Signed

#### DATA PROTECTION CONSENT

I understand that the information given in this form will be processed only by the Council for the purpose of considering my application for employment and if I am successful in my application this form and the information in it will be retained in my personnel file for such time as I am an employee and for up to six years after the end of my employment. Otherwise, this form will only be retained by the Council for so long as it is required in connection with the application.

Under the Data Protection Act and GDPR you have specific rights including giving consent for the collection and processing of your personal data. Please see Council's Data Privacy Statement and Policy on our website for further information. Please indicate below whether you give consent for us to collect, record and process the personal data you have provided for the purposes of recruitment, selection, and appointment.

☐ I give my consent.
☐ I wish to find out more information or to check what personal data is being collected and processed before giving my consent.

Signed \_\_\_\_\_ Date

## NOTIFICATION OF VACANCY How did you find out about this vacancy? Advertisement □ Word of mouth □ Council website □ Council Notice Board ☐ Other ☐ If 'advertisement' please say where seen or if 'other' please explain below. ACKNOWLEDGEMENT AND RETURN OF COMPLETED FORM When completed, please return the application form by 24 February 2023 either by e-mail to Chideock@dorset-aptc.gov.uk or by post to **Chideock Parish Clerk 60 North Allington Bridport** DT6 5DY Please mark the envelope or email "Confidential - Application for the post of Clerk and RFO". If you would like an acknowledgement of receipt, please enclose a stamped addressed envelope if submitting this application form by post. **INTERVIEW ARRANGEMENTS** It is our intention that if you are selected for interview, you will be notified during the week ending **10 February 2023** and interviews may be held in the week commencing 13 February 2023. Please confirm that you will be available on these dates if selected for interview. Yes □ No