



Bridgwater Town Council

CONFIDENTIAL

APPLICATION FORM

Position Applied for: Deputy Arts Centre Manager

Notes for Completion:

- 1 Please complete the form in **black ink**, preferably typed, or **BLOCK CAPITALS** if hand written
- 2 Additional sheets may be attached where necessary
- 3 Please complete **all** sections
- 4 **Please return by email to** hradmin@bridgwater-tc.gov.uk
- 5 The closing date for applications is **10 January 2025**

1. Personal Details

Surname Telephone Number (mobile)

Forename(s) Telephone Number (Home)

Address

..... E-Mail Address

.....

Post Code.....

Holiday Commitment - Please give details of any holiday commitment you have over the next 12 months:

2. Professional Membership (relevant to this post)

Organisation	Membership Status

3. Education and Qualifications (Secondary/College/University etc.)

Dates		School/College/ University etc.	Qualifications (State level and subject)	Grades
from	to			

4. Training

Please give details of any courses you have completed which you think are relevant to this post:

5. Current or Most Recent Employer

Name & Address of Employer:	Reason for wanting to Leave:
-----------------------------	------------------------------

Job Title:

Present salary and allowances:

Date started:	Period of notice required:
---------------	----------------------------

Main duties:

6. Previous Employment (Please list your previous two employers and any other relevant employment)

Dates		Name & Address of Employer	Job Title	Annual Salary	Reason for Leaving
from	to				

7. Information in Support of your Application

Please tell us why you've applied for this job and why you think you are the best person for the job (explain how you meet the Person Specification for this post by making reference to previous experience and training).

(Please use continuation sheet(s) if necessary)

8. Interview Arrangements

If you need any reasonable adjustments to be made in order for you to be interviewed for this position at our premises, please give details:-

9. **References** please ensure your references are in a position to respond promptly. It is our policy to contact ALL named referees after a conditional offer has been made.

Personal Reference	Employer's Reference
Name:	Name:
Address:	Address:
Email Address:	Email Address:
Telephone number:	Telephone number:
Occupation:	Occupation:
May we contact prior to interview Y / N	May we contact prior to interview Y / N

10. **Interests, Hobbies, Sports**

Please give brief details of your interests outside work, including membership of clubs and any voluntary work you undertake which may be relevant to this post

11. **Other Information**

Do you hold a current Driving Licence? Y / N

What kind of licence is it? Provisional Full HGV

Do you have regular use of a vehicle? Y / N

Please give details of any penalty points and/or driving ban in the last five years

How did you learn of this vacancy?

Social media Noticeboard

Word of mouth Linked In

Job website Which one ?

Other Please specify

12. Declarations/Code of Conduct

Are you related to any Councillor or Employee of this council? Y / N

If YES, please give details:

I understand that canvassing of Councillors or Officers, directly or indirectly, will disqualify my application

Right to work in UK

Are you legally entitled to work in the UK? Y / N

We will require evidence of this prior to commencing employment

Criminal Record

Have you ever been convicted of a criminal offence? Y / N

Declaration subject to the Rehabilitation of Offenders Act 1974

If YES, please give details:

PLEASE NOTE: If it comes to light that you have a conviction or other record which you have not declared then any offer of employment may be withdrawn, or if you have already started working for the Council, this could result in disciplinary action or dismissal.

Data Protection

The Data Protection Act 2018 ("the Act") sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights. Except to the extent we are required or permitted by law, the information which you provide in this application form and any other information obtained or provided during the course of your application ("the information") will be used solely for the purpose of assessing your application. If your application is unsuccessful or you choose not to accept any offer of employment we make, the information will not be held for longer than is necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If your application is successful, the information will form part of your employment file and we will be entitled to process it for all purposes in connection with your employment. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, please sign the consent section below.

I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.

Signed:.....

Date:.....

Declaration

I confirm that the information given on this application form is, to the best of my knowledge and belief true and complete in all respects. I understand that should I have deliberately made a false or misleading statement on this form deemed to be a deliberate attempt to deceive will disqualify the application or, if already in post, will result in the employment being terminated.

Signed:.....

Date:.....

Bridgwater Town Council

CONFIDENTIAL

Equal opportunities recruitment monitoring form

Position Applied for: Maintenance Operative

Bridgwater Town Council is committed to equal opportunities in employment and seeks to ensure that no candidate is treated less favourably on the grounds of age, race, colour, ethnic origin, sex, marital status or disability. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary. The information you provide will stay confidential.

Gender Man Woman Non-binary Prefer not to say

If you prefer to use your own term, please specify here

Are you married or in a civil partnership? Yes No Prefer not to say

Age 16-24 25-29 30-34 35-39 40-44 45-49
50-54 55-59 60-64 65+ Prefer not to say

What is your ethnicity? Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English Welsh Scottish Northern Irish Irish British Gypsy or Irish Traveller
Prefer not to say Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian Prefer not to say Any other mixed background, please write in:

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say
Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab Prefer not to say Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation?

Heterosexual Gay woman/lesbian Gay man Bisexual Prefer not to say If you prefer to use your own term, please specify here

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish
Muslim Sikh Prefer not to say If other religion or belief, please write in:

What is your current working pattern?

Full-time Part-time Prefer not to say

Do you have caring responsibilities? If yes, please tick all that apply

None Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over) Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

I understand that this information may be stored confidentially and processed as part of the Town Council's monitoring of equal opportunities only in accordance with its obligations under the Equality Act and I give my consent to my details to be used for this purpose.

Signed _____

Date _____

Name _____

Thank you for your co-operation.