

Bridgwater Town Council

CONFIDENTIAL

APPLICATION FORM

Position Applied for: Community Event Coordinator & Admin Support

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 **13 July 2025**.

Telephone Number (mobile)			
Telephone Number (Home)			
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)			
Membership Status			

3. Education and Qualifications (Secondary/College/University etc.)					
Dates		School/College/ University etc.	Qualifications (State level and subject)	Grades	
from	to		(Canada and Canada and		
4. Train	ing				
Please give details of any courses you have completed which you think are relevant to this post:					
. isase give	Localio of dif	, 124,000 you have completed which y	ou all the control to the post.		

5. Current or Most Recent Employer					
Name & Address of Employer:			Reason for	wanting to Leave:	
Job Title	:				
Present :	salary and	allowances:			
Date sta			Period of notic	e required:	
Main duties:					
6. P r	evious E	mployment (Please list your previous	two employers a	nd any other	relevant employment)
	ites	Name & Address of Employer	Job Title	Annual	Reason for Leaving
from	to	Name & Address of Employer	Job Title	Salary	Reason for Leaving

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)				
	Interview Arrangements u need any reasonable adjustments to be made in order for you to be interviewed for this position at our ises, please give details:-				

9. References please ensure your refere ALL named referees after a conditional of	nces are in a position to respond promptly. It is our policy to contact fer 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 interest voluntary work you undertake which may b	s outside work, including membership of clubs and any e 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	N
Please give details of any penalty points and	d/or driving ban in the last five years
How did you learn of this vacancy?	
Social media No	oticeboard
Word of mouth Lin	nked In
Job website W	hich one ?
Other P	ease specify

9.

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 true and complete in all respects. I understand that should I statement on this form deemed to be a deliberate attempt to already in post, will result in the employment being terminate	have deliberately made a false or misleading to deceive will disqualify the application or, if
Signed:	Date:

Bridgwater Town Council

CONFIDENTIAL

Equal opportunities recruitment monitoring form

Position Applied for:
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
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 □ Bise you prefer to use your own term, please specify here	
What is your religion or belief? No religion or belief □ Buddhist □ Christian □ Hindu □ Muslim □ Sikh □ Prefer not to say □ If other religion or be	
What is your current working pattern?	
Full-time Part-time Prefer not to say	
Do you have caring responsibilities? If yes, please tick all t	hat apply
None $\ \square$ Primary carer of a child/children (under 18) $\ \square$	
Primary carer of disabled child/children	
Primary carer of disabled adult (18 and over) Primary carer of disabled adult (18 and over)	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 Council's monitoring of equal opportunities only in accordance with Act and I give my consent to my details to be used for this purpose	its obligations under the Equality
Signed Da	ate
Name	
Thank you for your co-operation.	