

Application Form

Please complete using black ink or type

Position applied for	Post number
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Personal Details

Title (Mr./Mrs./Ms./Miss)	Forenames	Surname
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Home Address
Postcode

Telephone: Evening
Daytime
If at work, may we contact you there? Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have a current driving licence?	Full <input type="checkbox"/>	Provisional <input type="checkbox"/>
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When would you be unavailable for interview?

Do you own or have use of a car or motorcycle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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How much notice of leaving must you give to your present employer?
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References

Please give details of your current and most recent employers (or personal tutor/head teacher if you are a student) from whom confidential references may be obtained. These may be requested before interviews unless you place an 'X' in appropriate box.

Name <input type="checkbox"/>
Address
Occupation

Name <input type="checkbox"/>
Address
Occupation

Additional Information

Have you been convicted of any criminal Offences which are not yet 'spent' under the Rehabilitation of Offenders Act? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, please specify the dates and details of any convictions or cautions.
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Education & Training

Secondary Education

Schools	Subjects taken	Level	Grade

Further Education (College / University / Correspondence / Vocational Training / Modern Apprenticeship etc.)

Establishment	Course taken (Please include subjects)	Qualification & Grade (including NVQ level)

Short & Part Time Courses (including in-house training / evening classes)

Dates	Details (please include any qualifications obtained)

Membership of Professional Bodies

Dates	Details (please include your grade of membership)

Employment History

Present Employment (or most recent if unemployed)

Name of Employer	Position held	(Reason for leaving)
Nature of business		Present (or final) salary and grade
Address	Date started Date finished	Benefits (car allowance, pension, private health care etc.)

Describe the key responsibilities of your current (or final) job and the objectives you have achieved. Remember to include any skills and experience you have that match the Person Specification and Job Description details.

Previous Employment (most recent first)

Date		Name, address and nature of employer's business	Position and main responsibilities	Reason for leaving
from	to			

Reason for Application

Please state why you are applying for this post. Give details of your skills, experience and knowledge that match the Person Specification and Job Description details. You are welcome to give relevant examples from your personal life as well as your working life. Continuation sheet(s) can be attached.

Are you related to Yes No If so, please state their name(s) and relationship.
any COUNCILLOR
or EMPLOYEE of
the Council?

How did you find out about this vacancy?
(Please state any publication in which you
found it)

I certify that to the best of my knowledge the information given in this application is true.

Signed

Date

Please note that you will be asked to sign a copy of your application if invited for interview.

Note: In order to process your application, your name and address will be held on a computer.

Thank you for taking the time to complete this application form. Receipt of your form will not be acknowledged, but every applicant will receive a reply. Please send the completed form to: -

Human Resources Service, Council Offices, North Norfolk District Council, Holt Road,
CROMER, Norfolk, NR27 9EN or email to hr@north-norfolk.gov.uk

North Norfolk District Council



EQUALITIES MONITORING

Policy

It is the Council's policy to recruit the most suitable candidate for the job. Selection for recruitment and training will only be made on merit. The Council will not discriminate against any person because of age, disability, health, language, marital, family or personal circumstance, material status, nationality or citizenship, political opinion, religion or belief, race or ethnic origin, sex or gender, sexual orientation, social class, unrelated criminal convictions, or any other condition or requirement which cannot be shown to be justifiable.

Monitoring Forms

We are required to monitor and report on the implementation and performance of our Equal Opportunities Policy. Monitoring data is also used for the purpose of equality impact assessments, but not to identify individuals. You do not have to answer all the questions on the form if you do not wish, however all information is confidential and we would encourage you to answer as many of the questions as possible.

All the information contained in this form will be used for employment purposes only. It will be treated as strictly confidential and will not be disclosed to any manager responsible for recruitment.

Please complete the information below and return it with your application.

Full Name	Post Number
Date of Birth	Sex
 	<input type="checkbox"/> Male <input type="checkbox"/> Female

Ethnic Origin	
<input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Other (Please State) <input type="checkbox"/> Asian/Asian British - Indian <input type="checkbox"/> Asian/Asian British - Pakistani <input type="checkbox"/> Asian/Asian British - Bangladeshi <input type="checkbox"/> Asian/Asian British - other (Please State) <input type="checkbox"/> Chinese <input type="checkbox"/> Other (Please State)	<input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black Other (Please State) <input type="checkbox"/> Mixed - White & Black Caribbean <input type="checkbox"/> Mixed - White & Black African <input type="checkbox"/> Mixed - White & Black Asian <input type="checkbox"/> Mixed - Other (Please State) <input type="checkbox"/> Prefer not to say

Disability
Do you consider yourself to be disabled*? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
If yes, please indicate the type of disability:
If you may require reasonable adjustments relating to your disability to be made when attending an interview, please detail below:
*The Disability Discrimination Act 1995 defines disability as 'a physical or mental impairment which has a <i>substantial and long-term</i> adverse effect on a persons' ability to carry out normal day to day activities'.
Please note: you do not have to provide details of your disability but doing so will help us further with our equalities monitoring.

Religion/Belief				
<input type="checkbox"/> Baha'i	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jainist
<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim	<input type="checkbox"/> Rastafarian	<input type="checkbox"/> Sikh	<input type="checkbox"/> Zoroastrian
<input type="checkbox"/> Humanist	<input type="checkbox"/> Atheist	<input type="checkbox"/> Agnostic	<input type="checkbox"/> None	
<input type="checkbox"/> Other (Please State)			<input type="checkbox"/> Prefer not to say	

Sexual Orientation ¹	
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay Man
<input type="checkbox"/> Gay Woman/Lesbian	<input type="checkbox"/> Heterosexual/Straight
<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say

It would be useful if you could also provide the following information:
 Under the equality scheme action plan we are required to complete a gender profile of staff including an analysis of patterns for part time staff and those with caring responsibilities. Whilst completion of this section is voluntary, it will help us to fulfil this requirement.

Do you have any caring responsibilities**?	
<input type="checkbox"/> Yes, childcare (children under 16)	<input type="checkbox"/> No caring responsibilities
<input type="checkbox"/> Yes, other	<input type="checkbox"/> Prefer not to say

**i.e. providing support to a spouse, partner, civil partner, 'near relative' or someone living at the same address as you, who cannot manage without your help because of illness, disability or age. The definition of 'near relative' includes parents, parents-in-law, adult child, adopted adult child, siblings (including in-laws), uncles, aunts, grandparents and step-relatives. We are required to report on this data under the equality scheme action plan and by doing so we can ensure that we are developing policies to help carers balance work and care commitments.

Declaration:
 I understand that the information I have supplied above and overleaf is correct to the best of my knowledge. This data will be processed by North Norfolk District Council and held on a computer system. For successful applicants this copy will be stored securely with your personnel file. The data may be used for employment, reporting and monitoring purposes and I consent to the data being held and used for these purposes.

Signed:	Date:
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 INVESTOR IN PEOPLE	Return to: Human Resources Service, Council Offices, Holt Road, Cromer, NR27 9EN. STRICTLY CONFIDENTIAL
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¹ Category groups as advised by Stonewall - www.stonewall.org.uk/other/startdownload.asp?openType=forced&documentID=614