

EDUCATION

Name of School / College / University	Examinations Passed	Grade	Date Obtained

PROFESSIONAL / TECHNICAL QUALIFICATIONS / MEMBERSHIPS

Name of Body / Institute	Qualifications / Memberships	Grade	Date Obtained

Proof of qualifications/memberships will be required at interview and copies taken at time of appointment.

TRAINING

Name of Organisation Providing Training	Course Attended	Date of Course

ADDITIONAL INFORMATION

This is the most important part of your application. Please tell us what makes you think you are suitable for this job.

Your application will be judged against the person specification which lists the essential requirements and competencies for the post. Please address each point of the person specification giving details of your skills, experience and knowledge in these areas. Please be specific. The shortlisting panel needs to know how and why you consider yourself suitable for the job. Give details of duties carried out in your current and previous jobs and mention any relevant experience gained outside paid employment (eg: you may have done voluntary work in the community or have experience of organising activities socially or running a home).

Please continue on a separate sheet if necessary.

PERSONAL INFORMATION

Do you hold a current and valid driving licence? Do you have use of a car?	YES / NO YES / NO	National Insurance Number
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Are you related to a Councillor or employee of this Council? If YES, please give details:	YES / NO
Canvassing Councillors or employees of this Council will disqualify your application.	

If you were successful in this application for employment with the Council, would this be your only job? If not (because of the Working Time Regulations) please give details of any secondary employment:
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Where did you see this post advertised?

REFEREES

Please give names and addresses of two referees. One must be your current or most recent employer. The second can be anyone, including a previous employer.	
1 First Referee - Employer	
Name	
Organisation	
Address	Post Code
Daytime Telephone	May we contact them without further reference to yourself? YES / NO

2 Second Referee	
Name	
Organisation	
Address	Post Code
Daytime Telephone	May we contact them without further reference to yourself? YES / NO
In what capacity do you know the second referee?	

SIGNATURE

I certify that the statements contained in this application are to the best of my knowledge correct and that knowingly making a false statement may lead to dismissal. I understand that, in the event of being short-listed for interview, I will be required to complete a confidential declaration regarding any criminal conviction deemed as unspent under the Rehabilitation of Offenders Act 1974.*	
Signed	Date

*There are some posts which are excepted from the Rehabilitation of Offenders Act 1974 and so spent convictions will have to be disclosed along with cautions, reprimands, final warnings and other non-conviction information (including pending prosecutions). These posts are also subject to disclosure. The letter accompanying this application form will advise you if this particular post is excepted from the Act.

CRIMINAL RECORD INFORMATION

Having a criminal record will not necessarily bar you from working for the Council, although the nature of the position and the circumstances of and background to any offences would be taken into consideration. The Council has a written policy on the Recruitment of People With Past Convictions which is available from us on request. The Criminal Records Bureau has published a Code of Practice For Registered Persons and Other Recipients Of Disclosure Information, this too is available from us on request. A disclosure will not be sought from the Criminal Records Bureau unless we make you a conditional offer of employment.

DATA PROTECTION ACT

Information from this application will be processed by computer for the purposes registered by the District Council under the Data Protection Legislation. You have the right of access to any computerised personal data concerning yourself.



Please return this completed form to: Personnel & Development Manager North Devon District Council Civic Centre, Barnstaple. EX31 1EA	Telephone 01271 388280 Fax 01271 388272 email: jobs@northdevon.gov.uk www.northdevon.gov.uk
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Please note that application forms received after the closing date will NOT be accepted.

MONITORING FORM - Private & Confidential

EQUAL OPPORTUNITIES IN NORTH DEVON DISTRICT COUNCIL

North Devon District Council is committed to pursuing equality of opportunity.

This means that we treat all applicants and employees fairly, irrespective of sex, disability, marital status, race, colour, sexuality, religion, political beliefs, membership or non-membership of an organisation, trade union activities, HIV/AIDS, nationality or caring responsibilities.

We need to find out if our policy is working in practice, particularly when we are taking on new people.

To do this we need to look at:

- How we advertise the jobs;
- How we select people for interview;
- Who is offered the job; and
- What we do after a successful interview.

Monitoring the recruitment and selection procedures is one way of helping to ensure that there is no unfair discrimination in the way we take on people.

How can you help us?

To do this we need to know about the age, disability, gender, race and ethnic origin of people who apply to join North Devon District Council. We would like you to complete the questionnaire overleaf.

This monitoring form is detached before shortlisting and has no effect whatsoever on your application. The information you give us will be treated as confidential and is purely for monitoring our equal opportunities policy.

MONITORING FORM - Private & Confidential

Reference Number (to be completed by Personnel Office):

RACE / ETHNIC ORIGIN

Please choose ONE section from A to E, then tick the appropriate box (or write in description) to indicate your cultural background:

A. White

- British - English
- British - Scottish
- British - Welsh
- British - Other
- Irish
- Other White background

B. Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other Mixed background

C. Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh

- Indian
- Pakistani
- Bangladeshi
- Other Asian background

D. Black, Black British, Black English, Black Scottish, or Black Welsh

- Caribbean
- African
- Other Black background

E. Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group

- Chinese
- Other background

DISABILITY

Do you consider yourself to have a disability? **YES / NO**

If yes, please indicate which category best describes your disability (please see notes below):

- | | | | |
|---|--------------------------|---|--------------------------|
| Hearing impairment | <input type="checkbox"/> | Reduced physical capacity (3) | <input type="checkbox"/> |
| Visual impairment (1) | <input type="checkbox"/> | Severe disfigurement | <input type="checkbox"/> |
| Speech impairment | <input type="checkbox"/> | Learning difficulties/mental handicap (4) | <input type="checkbox"/> |
| Mobility impairment | <input type="checkbox"/> | Mental illness (5) | <input type="checkbox"/> |
| Physical co-ordination difficulties (2) | <input type="checkbox"/> | Other (please describe) | <input type="text"/> |

Notes on categories of disability:

- (1) Not corrected by spectacles or contact lenses
- (2) Includes, for example problems of manual dexterity and of muscular control, eg: incontinence, epilepsy.
- (3) Includes debilitating pain and lack of strength, breath, energy or stamina, eg: from asthma, angina or diabetes.
- (4) Includes the mental inability to perceive the risk of physical danger.
- (5) Substantial and long lasting eg: more than a year.

Note: The Disability Discrimination Act 1995 defines a disability as a physical or mental impairment which has a substantial and long term (eg: more than 12 months) adverse effect on a person's ability to do normal daily activities. You may still be considered to have a disability if you are not currently adversely affected but the impairment is likely to recur.

AGE

How old are you?

What is your date of birth?

GENDER

Are you?

Male

Female

Thank you for completing this monitoring form. It will be detached before shortlisting and has no effect whatsoever on your application. The information you give us will be treated as confidential and is purely for monitoring our equal opportunities policy.