



NEWBURY TOWN COUNCIL

Application Form

Please return this form to Email: kym.heasman@newbury.gov.uk or Post: FAO, Committee Clerk, Newbury Town Council, Town Hall, Market Place, Newbury, RG14 5AA

Application for the post of	
Closing date	
How did you hear about this job?	

Part A

Personal Details

Family Name / Surname	
Previous Name(s)	
Forename(s)	
Preferred Title (e.g. Mr, Mrs, Miss, Ms, Dr)	
Current Address (Please include Postcode)	
National Insurance Number	
Preferred Contact Telephone Number	
Alternative Telephone Number	
Email Address	

Part B

Present (or most recent) Employer

Name and Address of Employer			
Job Title			
Start Date		Notice required or date left	
Salary (£) p/a		If part time, please give hours per week	
Please give details of your main tasks and responsibilities – and if applicable your reason for leaving			
Please explain why you are applying for this post at this time:			

Part C

Employment History

Please give as much relevant information as possible. For posts working with children and vulnerable adults you must give your full employment history from when you left school or higher education and explain any gaps in your employment and include dates. Please include any time spent employed as a volunteer.

Name and Address of Employer	Dates From / To (MM/YY)	Job Role	Final Salary and Reason for Leaving

Part D

Academic, Professional and Vocational Qualifications

Exams Passed (Level) Qualifications & Memberships (Most recent first)	Grade and Date Achieved **	Name of Educational Establishment and / or Professional or Awarding Body

Part E

Training / Continuing Professional Development

Please give details of relevant training /development activities		
Training Course and Organiser or Development Activity	Time Spent	Outcome – Grade Achieved (where applicable)

Part F

Personal Statement

You may continue onto a separate sheet if you need to.

Key Competencies, Knowledge and Skills: referring to the job advert, job description and person specification, provide examples of how you have demonstrated the key competencies and the knowledge and skill requirements for this role. You may use experience gained from within and/or outside the workplace to provide these examples.

Personal Attributes: Please describe ways in which you have demonstrated the personal attributes required for this post, as outlined in the person specification.

Part G

Supplementary Information

Transport: Do you hold a current driving licence?	Yes / No
What categories of driving licence do you hold?	
Are you willing and able to travel to meet the requirements of the post (please delete as appropriate)	Yes / No
Please provide details of any current motoring convictions, disqualifications or penalty points, with dates and reasons and/or any difficulties you foresee concerning travel:	
Positive About Disability: we welcome applications from people with disabilities. Wherever possible we will make reasonable adjustments to enable a person with a disability to access the application and appointment process fairly.	
Do you consider yourself to have a disability (please delete as appropriate)	Yes / No
If 'yes' and you are offered an interview, would you welcome a pre-interview discussion to identify any particular needs that you may have?	Yes / No
Disclosure of Criminal Offences: The Rehabilitation of Offenders Act 1974 gives individuals the right not to disclose details of old offences which are seen as 'spent'	
Please give details, including dates and places, of pending prosecutions and any convictions, cautions and bind-overs since the age of 17 years, that are not 'spent'	

Part H

References and declarations

References: Please provide the names of three professional referees, each of whom can write with authority about your performance, abilities, and competence in a work, voluntary or educational environment. The first reference must be your manager or a senior manager representing your current or most recent employer. References will not be accepted from colleagues, relations or people who know you solely as a friend. If you do not wish your current employer to be contacted prior to any offer of employment, please indicate below:

REFERENCES IN ADVANCE OF EMPLOYMENT OFFER?YES / NO

Name of First Reference	
Job Title of Referee	
Name of organisation	
Address (including Postcode)	
Email address if available	
Daytime telephone number	
Relationship to you (e.g. supervisor, tutor)	
Dates of your employment	From To

Name of Second Referee	
Job Title of Referee	
Name of organisation	
Address (including Postcode)	
Email address if available	
Daytime telephone number	
Relationship to you (e.g. supervisor, tutor)	
Dates of your employment	From To

Equal Opportunities – Recruitment Monitoring

This information will be treated with the strictest confidence and held separately from your application. Its purpose is to monitor our equal opportunities policy and will not be used as part of the recruitment process.

✓ Please tick the appropriate box

Name		
Position Applied for:		
Are you:	Male. <input type="checkbox"/>	Female. <input type="checkbox"/>
What is your date of birth?		
To which of these groups do you consider you belong to?		
White	<input type="checkbox"/>	
Mixed	<input type="checkbox"/>	
Asian or Asian British	<input type="checkbox"/>	
Black or Black British	<input type="checkbox"/>	
Other Background.	<input type="checkbox"/>	
Do you consider yourself to have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<p>N.B Under the Disability Discrimination Act 1995, a person with a disability is defined as having ‘ a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities’. Since 2005 the definition includes people who have been diagnosed with HIV, cancer and MS.</p> <p>It does not necessarily mean that this affects how you do your work. As the definition is not very clear we have provided some examples of the impairments covered. The list is not exhaustive. You may consider that, for example, you have, for a period of a year or more had hearing loss, dyslexia, arthritis, diabetes, asthma, epilepsy, or you are partially sighted.</p>		
If yes, please indicate the nature of your disability.		
Physical impairment <input type="checkbox"/>	Mental impairment <input type="checkbox"/>	Other <input type="checkbox"/>
Mobility impairment <input type="checkbox"/>	Visual impairment <input type="checkbox"/>	More than one impairment <input type="checkbox"/>
Hearing impairment <input type="checkbox"/>	Learning Disability <input type="checkbox"/>	