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| **London Colney Parish Council** | | | | | | | | | | | | | | | |
| Application for the post of: | | | |  | | | | | | | | | | | |
| Where did you see this post advertised? | | | |  | | | | | | | | | | | |
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| PERSONAL DETAILS | | | | | | | | | | | | | | | |
| Title: | |  | | | | | | Surname | | |  | | | | |
| Forenames | |  | | | | | | Mobile No | | |  | | | | |
| Full Address *inc post code* | |  | | | | | | Home Tel No | | |  | | | | |
| NI Number | | | |  | | | |
| Email Address | |  | | | | | | | | | | | | | |
| Are you related to any Elected Members or employees of London Colney Parish Council? | | | | | | | | | | | | | Yes | | No |
| If YES please give name(s) and relationship | | | | | | |  | | | | | | | | |
| Do you have a current driving licence? | | | | Yes  No | | | | | If YES Licence Status | | | | | Full  Prov | |
| If you have a disability which you wish to be considered in the recruitment process, please give brief details on a separate page. You are not required to declare any disability that you may have at this stage of the recruitment process. | | | | | | | | | | | | | | | |
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| **DECLARATIONS** | | | | | | | | | | | | | | | |
| Rehabilitation of Offenders Act 1974. Candidates need not give details of spent offences except where the post is exempt from the Rehabilitation of Offenders Act 1974. If you are applying for a post which is exempt from the Rehabilitation of Offenders Act 1974 this will be specified in the job details and a criminal record check through the Criminal Records Bureau may be required before an appointment is confirmed. | | | | | | | | | | | | | | | |
| Have you any unspent criminal convictions | | | | | | Yes  No | | | | **If YES**, please give brief details below:- | | | | | |
| Date | | |  | | | Nature of offence | | | |  | | | | | |
| Court | | |  | | | | | | | | | | | | |
| Sentence | | |  | | | | | | | | | | | | |
| I understand that canvassing of any Members of London Colney Parish Council in connection with any appointment shall disqualify the candidate.  I understand that a medical examination may be necessary in connection with this post and that appointment is subject to satisfactory medical clearance.  I declare that the information given in this application is to the best of my knowledge true and complete.  **Data Protection**  London Colney Parish Council is the Data Controller under the new data protection law and will only use your personal information for purposes relating to your employment with us.  The legal basis for processing the data is:   * Carrying out of a contract to which you are a party. * Our legal obligation under employment legislation. * The performance of a task carried out in the public interest; and * For the purposes of our legitimate interests, but only if these are not overridden by your interests, rights, or freedoms.   We will only keep your information for the minimum period necessary. If you are unsuccessful, we will keep your information for six months. If you are employed your information will be kept for six years after termination of employment. All information will be held securely and destroyed under confidential conditions.  Signed | | | | | | | | | | | | | | | |

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| **EDUCATION** | | | | | | |
| Name of school, college, university, organisation etc. | | Examinations taken or to be taken INCLUDING RESULTS (with grades) and details of any courses attended. You may be asked to produce evidence of examination results *(multi-line)* | | | | |
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| **PRESENT OR MOST RECENT EMPLOYMENT** | | | | | | |
| Name of Employer |  | | | | | |
| Full Address of Employer including postcode *(multi-line)* |  | | | | | |
| Job Title |  | | | | | |
| Date of appointment |  | | | | Present Salary |  |
| Period of notice required (if applicable) |  | | Reason for leaving (if applicable) |  | | |
| Please give a brief description of your major duties and responsibilities *(multi-line)*. You can use another page if necessary: | | | | | | |
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| **PREVIOUS EMPLOYMENT** (most recent first) | | | | | | | |
| Employer | Dates | | | | Post Title and Nature of Duties *(multi-line)* | | |
| From | | To | |
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| **MEMBERSHIP OF PROFESSIONAL BODIES** You may be asked to produce evidence of membership | | | | | | | |
| Institution or Society | | Class of membership | | Date obtained | | State if by examination | Prizes or awards |
|  | |  | |  | |  |  |
|  | | | | | | | |
| **RELEVANT EXPERIENCE AND SKILLS**  Using the person specification to guide you, please give details of any experiences and skills that you feel are relevant to the post. Include, if appropriate, details of experiences and skills gained in previous roles and any other areas such as temporary work, voluntary work, studies or spare time activities.  You may continue a separate sheet if necessary *(multi-line)* | | | | | | | |
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| **REFERENCES** | | | | | | | |
| Please give the names and addresses of two people, who are not relatives and with whom you do not have or have not had a close personal relationship, one of whom should be your present employer, or last employer, if not currently employed. If you are a student, then your head teacher or tutor should be named. | | | | | | | |
| **REFEREE 1** May we contact this referee without further authority from you? | | | Yes  No | |  | | |
| Name |  | | | | | | |
| Address *(multi-line)* |  | | | | | | |
| Tel No |  | | | | | | |
| Email Address |  | | | | | | |
| In what capacity does this person know you? | | | | |  | | |
| **REFEREE 2** May we contact this referee without further authority from you? | | | | Yes  No | | |  |
| Name | |  | | | | | |
| Address  *(multi-line)* | |  | | | | | |
| Tel No | |  | | | | | |
| Email Address | |  | | | | | |
| In what capacity does this person know you? | | | | | |  | |

For more information on our privacy notice, please see our [website](https://lcpc.egnyte.com/fl/2PaPFGyYbK#folder-link/?p=33d6a6f0-681b-4431-b0ae-cdd63802b4e2)