

## VACANCY DETAILS

Job title: \_\_\_\_\_

Post ref. \_\_\_\_\_

Service Unit/School: \_\_\_\_\_

How did you hear about this vacancy? \_\_\_\_\_

## PERSONAL DETAILS

Surname: \_\_\_\_\_

Forenames: \_\_\_\_\_

Previous surname: \_\_\_\_\_

Preferred forename: \_\_\_\_\_

Address: \_\_\_\_\_

Title – Mr/Mrs/Miss/Ms/Dr: \_\_\_\_\_

\_\_\_\_\_

Work phone no. \_\_\_\_\_

\_\_\_\_\_

Home phone no. \_\_\_\_\_

\_\_\_\_\_

Mobile phone no. \_\_\_\_\_

Postcode: \_\_\_\_\_

email: \_\_\_\_\_

## NATIONAL INSURANCE NUMBER

## ELIGIBILITY TO WORK IN THE UK

Do you have permission to work in the UK?

Yes

No

If no, please give details: \_\_\_\_\_



### POSITIVE ABOUT DISABLED PEOPLE

The ✓✓ symbol means that all disabled applicants who satisfy the minimum criteria will be offered an interview.

If you consider that the provisions of the Equality Act 2010 apply to you, please tick the box.

## CURRENT/MOST RECENT EMPLOYMENT

Employer's name and address: \_\_\_\_\_

Your job title: \_\_\_\_\_

\_\_\_\_\_

Current salary: \_\_\_\_\_

\_\_\_\_\_

Date appointed: \_\_\_\_\_

\_\_\_\_\_

Notice period: \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact you at work if necessary? Yes  No

If you are selected for interview the Council would prefer to contact you by email. Please select: email  letter

## PREVIOUS EMPLOYMENT HISTORY (most recent first)

We reserve the right to obtain references or to contact previous employers in addition to your named referees.

**Please note:** for posts within children and young people services, please explain any gaps in your employment history.

Employer's name and address, telephone number and email	Job title and brief description of duties	Date from/to DD/MM/YY	Reason for leaving

Please continue on separate sheet if required.

## REFERENCES

Referees named on this form must be your current (most recent) and previous employer. If you have not previously been employed, or are returning to work after a substantial career break and are unable to provide previous employment references, please provide alternatives, e.g. the name of your course Tutor(s)/Head Teacher or a suitable professional. We may contact referees prior to interview. If you do not wish us to contact the referee before interview please enter 'X' in the box.

### CURRENT (MOST RECENT) EMPLOYER

Name (title, forename, surname): \_\_\_\_\_

Capacity known to you: \_\_\_\_\_

Organisation: \_\_\_\_\_

email: \_\_\_\_\_

Telephone no. \_\_\_\_\_

Address: \_\_\_\_\_

### PREVIOUS EMPLOYER

Name (title, forename, surname): \_\_\_\_\_

Capacity known to you: \_\_\_\_\_

Organisation: \_\_\_\_\_

email: \_\_\_\_\_

Telephone no. \_\_\_\_\_

Address: \_\_\_\_\_

### QUALIFICATION (including grade, level and HLTA status if applicable)

Dates	Other training/short courses (please continue on a separate sheet if required)

Are you related to a Councillor, School Governor or employee of the Council? Yes  No

If 'yes' please provide Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

All forms of canvassing will automatically disqualify candidates from appointment, e.g. you must not ask a Councillor, School Governor or employee of the Council to use their influence to help you get a job.

If selected for interview, you must, at that stage, make known any personal or business relationship, which may conflict with the role applied for.



## DATA PROTECTION LEGISLATION

The information you have provided will be held in compliance with the Data Protection Act 1998.

If you have previous Local Government service or other service which counts as continuous, the Council will seek confirmation from your last Authority of your date of employment for continuous service purposes, in the event of you being offered a post. The Council will also seek details of the number of days sickness absence (not reasons) in the last 12 months, for the purposes of administering the Local Government Sick Pay scheme. You are deemed to have given your consent by signing this application form.

## DECLARATION

I declare that the information I have provided on this application form is full, accurate and complete and I understand that if I provide false information, or fail to provide full, complete and accurate information, this may lead to the decision that my application cannot be considered any further, the withdrawal of the offer of appointment, or to my dismissal, if I have been appointed. Any offer of employment is subject to receipt of satisfactory completion of recruitment checks applicable to the post.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return your completed application to:

Recruitment Team, HR Service Delivery, 5th Floor, Town Hall, Bourne Avenue, Bournemouth, Dorset BH2 6DY

Thank you for your application.

[www.bournemouth.gov.uk/jobs](http://www.bournemouth.gov.uk/jobs)

## CONFIDENTIAL

### EQUAL OPPORTUNITIES MONITORING INFORMATION

The Council will seek to ensure that all existing and potential employees are given equal opportunities. We are committed to the elimination of unlawful or unfair discrimination and will seek to ensure that no applicant for employment is disadvantaged by conditions or requirements which cannot be justified.

In order to help the Council monitor the effectiveness of its Equal Opportunities Policy you are asked to provide the information requested below. This information is confidential and does not form part of your application. **This slip will be detached from your application form upon receipt and the information will not be taken into account when making the appointment.**

If you are successful at interview and take up employment with the Council, the equal opportunities information you have provided will form part of your employment record and will be held and maintained in accordance with the Data Protection Act 1998.

Name: \_\_\_\_\_

Post ref. \_\_\_\_\_

Service Unit/School: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### GENDER

Male   
Female

### DISABILITY

Do you consider yourself to have a disability under the Equality Act 2010? A disability is defined as a 'physical or mental impairment which has substantial and long term adverse effects on the ability to carry out normal day to day activities'.

Yes   
No   
Prefer not to say

For more details, please contact the Equal Rights Commission Helpline on 0845 604 6610.

NATIONALITY: \_\_\_\_\_

### ETHNIC ORIGIN

#### White

British   
Irish   
Any other White background

#### Mixed

White and Black Caribbean   
White and Black African   
White and Asian   
Any other Mixed background

#### Asian or Asian British

Indian   
Pakistani   
Bangladeshi   
Any other Asian background

#### Black or Black British

Caribbean   
African   
Any other Black background

#### Other ethnic group

Chinese   
Any other ethnic group   
  
Prefer not to say

### SEXUAL ORIENTATION

Heterosexual   
Bisexual   
Gay/Lesbian   
Prefer not to say

### RELIGION AND BELIEF

Agnostic	<input type="checkbox"/>	Athiest	<input type="checkbox"/>
Baha'i Faith	<input type="checkbox"/>	Buddhism	<input type="checkbox"/>
Christianity	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>
Islam	<input type="checkbox"/>	Jainism	<input type="checkbox"/>
Judaism	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>
Zoroastriansim	<input type="checkbox"/>	Other	<input type="checkbox"/>
None	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Thank you for your assistance.