CONFIDENTIAL WHEN COMPLETE



	1
Directorate	
Job Title	
Job Reference	
Form Serial number	
Applicants name	1
Application in the second seco	
Thank you for requesting an application form for the above We will use this form to help decide your suitability for the juplease make sure that it is accurate and complete. You sh complete all sections in black ink or typeface to assist with photocopying the form. Please do not send any curriculum testimonials unless asked to do so. If you would like a copy of the form in large print, Braille, or or in Word computer format please contact the person nama accompanying details.	ob so ould vitae or audiotape
Please return your completed form no later than the closing address shown below. Late applications may not be considered.	

1 Personal Details

Surname/Family Name:		Preferred form of address e.g. Mr. Mrs. etc.
Forename(s)		Date of Birth:
Home Telephone:		Mobile Telephone:
E-Mail:		NI Number:
Address:		
	Postcode:	
Two Tio	cks 💯	
	ler the 'Two Ticks' Scheme the Governing Body undertakes imum essential criteria detailed on the person specification.	to interview disabled people who meet the
For	these purposes, disability is defined as any physical or men n (over 12 months) adverse effect on your ability to carry out	ntal impairment which has a substantial and long t normal day to day activities.
Doy	you consider that you would qualify for an interview under th	ne Scheme YES NO
	ou need any particular arrangements to be made for interviewen, taping of documents etc., please specify them below:	w e.g. access, sign interpreter, induction loop
Canvass	sing and relationships	
	are related to or have a close personal relationship wouncil please state their name and relationship to you	
Canva	assing may lead to disqualification for appointment	

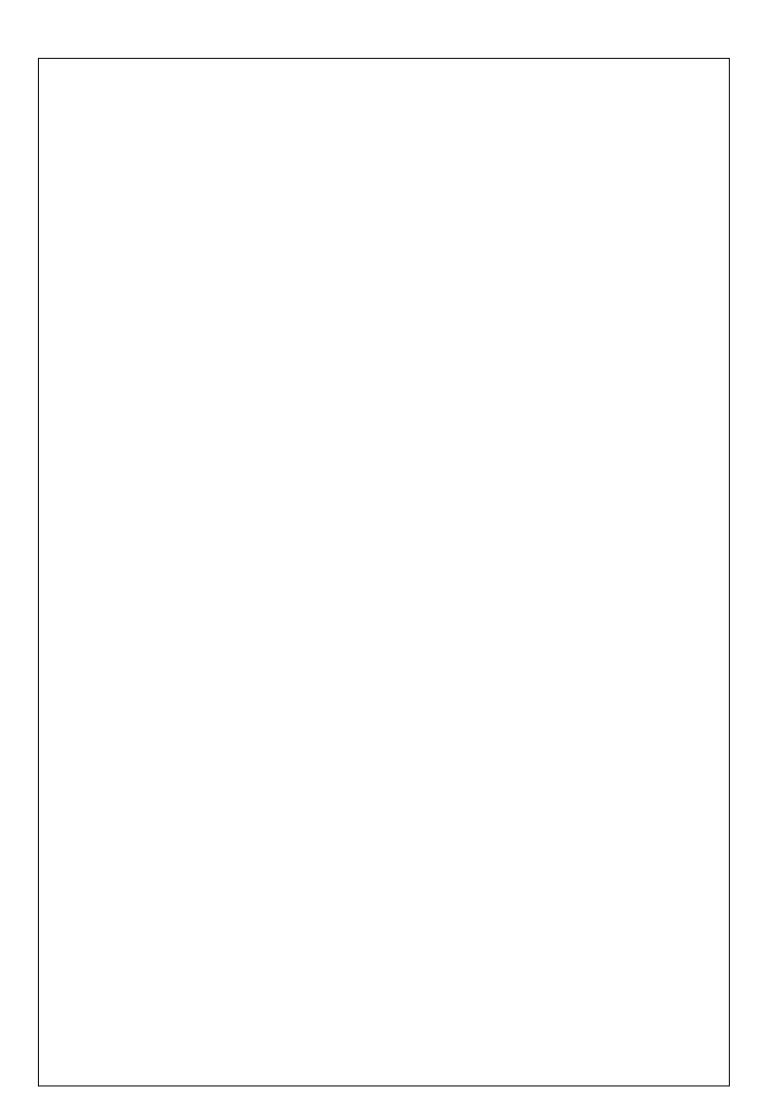
2 Education, Training and QualificationsPlease give brief details of all training and other courses you have undertaken which are relevant to this post

Name of School/College/ University attended	From-To	Qualifications including grades	Date obtained
Schools (after age 11)			
Further or higher education (Full and	Part-time)	T	
Professional or other courses includi	ng training cour	ses attended, NVQs etc.	
	Duration	Name of any qualification aw	arded and date
	Duration	Name of any qualification aw	arded and date
	Duration	Name of any qualification aw	arded and date
	Duration	Name of any qualification aw	arded and date
	Duration	Name of any qualification aw	arded and date
	Duration	Name of any qualification aw	arded and date
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	Duration	Name of any qualification aw	rarded and date
	Duration	Name of any qualification aw	rarded and date
Current membership of professional		Name of any qualification aw	rarded and date
Current membership of professional		Name of any qualification aw	rarded and date
Current membership of professional		Name of any qualification aw	rarded and date
Current membership of professional		Name of any qualification aw	rarded and date
Current membership of professional Driving Qualifications		Name of any qualification aw	rarded and date
Driving Qualifications Do you hold a current, valid full driving	organisations	Yes No	rarded and date
Driving Qualifications	organisations		rarded and date
Driving Qualifications Do you hold a current, valid full driving Please describe eg Car/LGV/PCV	organisations	Yes No	rarded and date
Driving Qualifications Do you hold a current, valid full driving Please describe eg Car/LGV/PCV Do you own a car?	organisations	Yes No No	rarded and date
Driving Qualifications Do you hold a current, valid full driving Please describe eg Car/LGV/PCV	organisations	Yes No	rarded and date

urrent	,				
Employer's name and address including work base address if different	Position Held	Present Salary	Date Finishe (if approp	ed	Period of Notice
		Duties			
revious	1				
Employer/Organisations (most recent first)	Position held and brief description o duties/responsibilities	f Da Montl From	ates ns/Year - To		ons for leaving I final salary

4 Additional Information

lease explain hov andidate for this p	w your skills, abilities , post. Please refer to the	experience and achieveme e criteria on the person sp	ents to date(including leis ecification.	sure and voluntary) would r	make you a suitable



5 Convictions/Disqualifications

Please give details and dates of any criminal convictions or driving offences.

EXPLANATORY NOTE

As the work of this post involves working with children, other vulnerable groups or in a position of trust it is therefore exempt from the provisions of the Rehabilitation of Offenders Act 1974. The County Council will check with the Disclosure and Barring Service (DBS) to see if you have any criminal convictions.

If this post meets 'Regulated Activity' (as defined in the Safeguarding Vulnerable Groups Act 2006 as amended by the Protection of Freedoms Act 2012) the relevant barred list(s) for children and adults will also be checked.

You must disclose details of all unspent and unfiltered spent reprimands, formal warnings, cautions and convictions as these will be supplied by the DBS. Please see: www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates for information regarding filtering of convictions.

Any information given will be treated as confidential. You should note that disclosing a conviction does not necessarily bar you from appointment. Failure to disclose may result in the withdrawal of your application or dismissal from any job offer in relation to this form.

Please give details and dates of any unspent and unfiltered spent criminal convictions, disqualifications, cautions or driving offences (or alternatively state "none" if that is the case):

6 References

Please give details of two people, one of which should normally be your current line manager, who are able and willing to comment on your suitability for this job.

Name:	Name:
Address:	Address:
Telephone number:	Telephone number:
Email address:	Email address:
Relationship to you e.g. Manager, colleague etc:	Relationship to you e.g. Manager, colleague etc:
Do you wish to be consulted Yes No before this referee is approached	Do you wish to be consulted Yes No before this referee is approached

7 Declaration

I confirm that I have read the information given to me about this job and that I do not have any physical or medical impairment, which, without reasonable adjustment would prevent me from carrying out the duties of this job. I declare that all the information given in this application is correct and complete. I understand that if any information I have provided is found to be untrue any offer may be withdrawn or any contract of employment may be terminated.

I also consent to the council recording and processing the information detailed in this application form. I understand that this information may be used by the Council in pursuance of its business purposes and my consent is conditional upon the Council complying with their obligations under the Data Protection Act 1998.

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Signature:	Date:	

Form Serial	Number	



Equal Opportunities Monitoring Form

Worcestershire County Council is committed to the elimination of all forms of unjustifiable discrimination. The County Council will actively pursue equality of opportunity for all by seeking to ensure that all prospective and existing employees are treated fairly. Personal circumstances and characteristics will only be taken into account when they can be justified as being relevant to employment. To enable the County Council to constantly monitor itself to ensure this commitment is fulfilled, we would ask **all applicants** to complete the questions detailed below

This information will be treated as completely confidential and will be used for monitoring purposes only. This information will be detached from the application form on receipt and will not be considered during the selection process.

Please tick as appropriate: 1. Which of the following do you consider to be your ethnic origin? (tick only one box), see below for explanatory notes.
□ White British (AWB) □ White and Black Caribbean (BWBC) □ Indian (CIN) □ White Irish (AWI) □ White and Black African (BWBA) □ Pakistani (CP) □ White Other (AWO) □ White and Asian (BWA) □ Bangladeshi (CB) □ Chinese (ECH) □ Mixed Other (BMO) □ Asian Other (CAO) □ Caribbean (DBC) □ African (DBA) □ Black Other (DBO) □ Other Ethnic Group (EOE) (Please describe) □ Black Other (DBO)
2. Are you
3. Do you have a disability? Yes No
4. Please tick the age band currently applicable to you
☐ i. up to 19 ☐ ii. 20-29 ☐ iii. 30-39 ☐ iv. 40-49 ☐ v. 50-65 ☐ vi. Over 65

Where did you see this post advertised?

Monitoring Form Explanatory Notes

The ethnic groups set out above are those recommended by the Commission for Racial Equality and used in the 2001 Census.

Ethnic origin questions are not about nationality, place of birth or citizenship, they are about colour and broad ethnic group. UK citizens can belong to any of the groups indicated. If you are descended from more than one ethnic group, please tick the group to which you consider you belong or tick the 'other ethnic group' box and give details in the space provided above.

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