



Application Form

Thank you for your interest

The following information is necessary to ensure that full consideration can be given to all candidates.

The information given will be treated as confidential.

Please complete all 6 pages of the application form in black ink or type

Job reference: Clerk to LGB	

Closing date: 21 April 2025	

Personal Details										
Surname:						Title (eg. Mr, Mrs, Miss, Ms):				
(BLOCK CA	APITALS)					, ,			, <u> </u>	
First Name/s:										
If you prefer to use a diff state:	erent first	name ple	ease							
Address:										
						Post Code:	:			
Telephone No. (home):					Email (home):					
Telephone No. (work):					Email (work):					
Telephone No. (mobile):										
May we contact you at work?	YES		NO		Do you require a work permit/visa?		YES		NO [
Are you an existing employee?	YES		NO		If yes, please give details					
National Insurance No.										

Employment Details – please give details of your current or most recent employer

Name and address of current or most recent employer	Post held and salary (Proof of salary may be required)	Date appointed	Date left or notice required	Reason for leaving (if applicable)

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Ication, Qualifications ation and qualifications obtained these qualifications.	and Membership of l . This includes any qualification	Professional Assons, which you are studying	ociations – Pleas g now. You will be r	ee give details of your equired to prove you h
			Date achieved	

Current job - Write a brief description of your present (or most recent) duties/responsibilities stating to whom you report (ie their position) and, if appropriate, who reports to you.

	Title of training programme/co	ourse and brief description		Date started/completed
requirements of the sible give pract	he person specification, e.g. ical examples from you	the skills and abilities, expe r current or previous en	rience and knowledge etc pployment. Examples	ing for the post and how well you me needed to do the job. Wherever may also include any voluntary additional pages if necessary.

References – References will be obtained from employers during the last 3 years. If you have not been in employment during this time please give the names of two personal referees (not family members) from whom confidential references may be obtained. We may also contact previous employers where you have worked with children. Your referees will be contacted if you are called for interview – please let us know if this is not suitable.

First Reference	е		Second Reference			
Referee	_		Referee			
Relationship to You			Relationship to You			
Address			Address			
		Post Code		ost ode		
Tel No			Tel No			
Email			Email			
who declare they information on th to the performan	have a 'd e definition ce of the	eople with Disabilities – The Trust isability' as defined in the Disability Discriming on of a disability) and meet the requirements duties described in the job description for the will require if called for interview	ation Act 1995 (see page 5 of the for the job. If you consider that yo post, please provide details of: Any equipment or adaptation	application applic	on form for disability rea	levant u to meet the
,	<u>, , , , , , , , , , , , , , , , , , , </u>	·	requirements of	the Job o	description	
Additional I	nform	ation				
Are you applying	g for the	post on a job share basis?		YES		NO 🗌
If YES, and you h	nave a jol	b share partner give her/his name				
Do you have:	(a)	a full current driving licence?		YES		NO 🗌
	(b)	a car you can use for work?		YES		NO 🗌

Data Protection

Under the terms of the General Data Protection Regulation 2018, the information you provide on this form will only be used by the Trust for the purpose of assessing your suitability for employment, for monitoring policies and procedures, and for personal management purposes.

For any position that you apply for, if unsuccessful, this information may be retained on file for 6 months. The information may be used in internal proceedings to consider a complaint about the selection process and/or to defend against a legal challenge to the fairness of the selection process from any interested party. The information you provide to us on this form may also be used in the prevention and detection of crime and fraud, or shared with other bodies administering public funds solely for this purpose.

Protection of Children

If you are invited to interview you may be required to answer formal questions as to whether or not you have unspent criminal convictions or summonses pending against you. Spent convictions must be disclosed for certain posts, e.g. Teachers as these are exempt from the provisions of the Rehabilitation of Offenders Act 1974. Some posts are subject to political restrictions. If any of the above applies to the post you are applying for, further details will be made available to you.

To be signed, by hand, by all Applicants					
I confirm that, to the best of my knowledge, the information on this form is true and correct.					
I am in possession of the certificates which I claim to hold and understand that willful falsification may result in dismissal if I am appointed.					
I understand that any offer of employment will be subject to satisfactory medical and police checks.					
Signed:	Date:				

Remove Before Sifting Process

Date		
of Birth		

Recruitment Monitoring

The Trust is committed to Equal Opportunities. The aim of its policy is to ensure that no job applicant or employee is treated unfairly on the grounds of age, colour, national origins, nationality, race, disability, family commitments, gender, marital status, membership or otherwise of a trade union, religion, or sexual orientation.

Without accurate data on the composition of our workforce and on job applicants we are unable to monitor the effectiveness of our policies and procedures. Therefore, we ask for your cooperation in completing the monitoring section of this form. This information will be used for statistical purposes only and will not be reproduced in a way that enables individuals to be identified. All information supplied by job applicants is treated in the strictest confidence.

Perso	onal Details			
Job Ref	ference	Surname (E	BLOCK CA	APITALS)
Gend	ler			
	Male Female	First Name/s		
Adve	ertising Response – Please indicat	e how you became aware o	of the post b	by ticking the appropriate box.
	Newspaper (please specify)	Professio	onal journal (please specify)
_	romley website Internal Other (please specify	,	Friend/re	lative Employment Services
	ic Group – Please tick one box (or writ	e in one box if appropriate)		
(a)	Asian or Asian British		(b)	Black or Black British
	Bangladeshi			African
	Indian			Caribbean
	Pakistani			
	Asian other (please write in)			Black other (please write in)
(c)	Mixed		(d)	White
	White and Asian			British
	White and Black African			European
	White and Black Caribbea	าก		Irish
	Mixed other (please write in)			Romany/Traveller White other (please write in)
(e)	Chinese or other ethnic group	1	(f)	I decline to self classify
	Chinese			(blease tick)

	Other (please write in)
Disab	ility	
To help	-	de whether you have disability as defined under the Disability Discrimination Act 1995 please read the following
		lity is defined as 'a physical or mental impairment, which has a substantial and long-term adverse effect on a sability to carry out normal day-to-day activities'.
The effe	ect an imp	pairment may have on day-to-day activities is defined in the Act as falling within the following categories:
	(1)	mobility;
	(2)	manual dexterity;
	(3)	physical co-ordination;
	(4)	continence;
	(5)	ability to lift, carry or otherwise move everyday objects;
	(6)	speech, hearing or eyesight;
	(7)	memory or ability to concentrate, learn or understand; or
	(8)	perception of the risk of physical danger.
last in t	otal for a	has to be substantial, that is something more than trivial and it needs to be long-term, i.e. has lasted or is likely to t least twelve months or is likely to last for the rest of the life of the person affected. Having considered the above se tick the appropriate box and indicate the category of impairment, which applies to your disability.
Pleas	e tick o	one of the following as defined by the Disability Discrimination Act 1995
		I do consider myself to have a disability
		I do not consider myself to have a disability
		I decline to self classify as to whether I consider I have a disability

I do not consider myself to have a disability I decline to self classify as to whether I consident Age -What is your age range? Under 20 20 - 29 30 - 39 40 - 49 50 - 59

60+