

Internal use only : Clerk/RFO 2020

Ref:

**Newcastle Higher Community Council  
Cyngor Cymuned Castellnewydd Uwch**

**Application for employment**

**Section A**

Please read the enclosed guidance notes before completing this application form. Complete clearly using black ink. Please note that emailed applications or CVs will not be accepted.

**Application for the post of: Clerk and Responsible Financial Officer**

This page will not be used for short-listing purposes and will be separated from Section B upon receipt.

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| --- |
| **Personal details** |
| Name(s):  Surname:  Address:  Post code:  Email:  Tel (home): Tel (mobile): |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **References:**  Please give us the name, address and status of **two referees** who are willing and able to provide a reference for you. One of whom **must** be your present or most recent employer (unless you have not worked before) and one other who is able to describe your suitability for this post.  References are normally taken up when the candidate is invited for interview. If you do not wish referees to be contacted prior to interview please tick the appropriate boxes. | | | | | | | | | |
| Current/most recent employer  Name and address **Tel:**  **Email:**  Capacity known to you?  Can we contact prior to interview?  Yes No | | | | Referee No. 2Name and address **Tel:** **Email:**  Capacity known to you?  Can we contact prior to interview?  Yes No | | | | | |
| **Additional information:**  Where did you learn of this vacancy?  A Basic disclosure will be requested from the successful applicant.  As defined under the Rehabilitation of Offenders Act 1974, please give details of any unspent convictions for criminal offences: [NB. Offences which would be deemed as spent under the Rehabilitation of Offenders Act 1974 need not be declared] | | | | | | | | | |
| We will be required to check the successful applicant’s eligibility to work in the UK.  Are you free from immigration control and able to remain and work indefinitely in the UK?  Yes No    Do you have a current full drivers licence? Yes No  What is your current notice period? | | | | | | | | | |
| **Other**  Are you, to your knowledge, related to any current staff member or Councillor of NHCC?  Yes No  If YES, please state:  Name: Capacity known to you: | | | | | | | | | |
| **Data Protection Act 1998**  All or parts of the information on this form may be stored on computer files and used for the purpose of personnel administration. Such use will be subject to the provisions of the Data Protection Act 1998. *Please see our Privacy statement for job applicants on our website*. | | | | | | | | | |
| **Declaration:**  I declare that the information given in this application is accurate and true.  I understand that providing misleading or false information may result in disqualification from appointment or dismissal.  Signature: Date: | | | | | | | | | |
| **Section B** | | | | | | | | |  |
| **Education and training** | | | | | | | | |  |
| Name of school/college: | | | | | Qualification and grade | | Dates | |  |
| **Employment history** | | | | | | | | |  |
| Present or most recent employment:  Name and address of employer:  Position held:  Dates:  Brief description of duties:  Reason for leaving, or for wishing to leave:  Period of notice required:  **OR** leaving date: | | | | | | | | |  |
| **Previous employment (most recent first):** | | | | | | | | |  |
| Date from and to: | | Employer: | Job Title  and brief detail of duties: | | | Salary | | Reasons for leaving |  |
| From: | To: |  |  | | |  | |  |  |
| **Continuation sheet may be used if necessary** | | | | | | | | |  |

**PERSONAL STATEMENT**

Please use this section to demonstrate your suitability for this post. Tell us about how your experience, skills and/or training gained both in paid employment and/or in voluntary work, or through study makes you an ideal candidate. The information you give here will play a crucial part in the decision as to whether or not you will be invited to interview.

|  |
| --- |
| **Skills/knowledge/experience**  **Please ensure that you have read the job description and person specification** for the post thoroughly and have given sufficient information to describe how you meet the requirements set out in the person specification. **Please give examples rather than broad statements** |
|  |
| **Further sheets may be attached if necessary.**  **CV’s may accompany your application, but will not be considered on their own.**  Please return (together with equalities form) to: [Clerknhcc@btinternet.com](mailto:Clerknhcc@btinternet.com) or  Clerk NHCC, Rock Farm, St Athan, Vale of Glamorgan, CF62 4PG |



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# Equalities and Diversity Monitoring Form

NHCC is committed to valuing diversity and equality of opportunity for our workforce. To create a working environment in which these objectives are fully met, it is essential that we monitor our recruitment and selection procedures. It helps us to identify trends that may indicate problems, so that we can remedy them. In so doing, we can adapt and amend procedures where necessary. Therefore, we would like you to complete the attached questionnaire, but it is not compulsory .

We thank you in advance for your co-operation.

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| --- | --- | --- | --- |
| ***1. Age*** | | | |
| Year of Birth |  | Age |  |

Which groups do you most identify with? Please tick ✓ only **ONE** box in each of the sections below.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***2. Gender*** | | | | | | | | | | | |
| Female |  | Male | | |  | I identify as another term\* *please specify* | | | | |  |
|  |  |  | | |  | Do not wish to disclose | | | | |  |
| ***3. Disability*** | | | | | | | | | | | |
| The Disability Discrimination Act defines a person as disabled if ‘’they have a physical or mental impairment, which has a substantial and long term (has lasted, or is expected to last, for at least 12 months) adverse effect on their ability to carry out normal day to day activities’’.  Taking this into account, do you consider yourself to be a disabled person? | | | | | | | | | | | |
| No | | |  | Yes | | | |  | | Do not wish to disclose |  |
| If you selected yes, please indicate your disability: | | | | | | | | | | | |
| ☐ Vision (e.g. blindness or partial sight) | | | | | | | | | | | |
| ☐ Hearing (e.g. deafness or partial hearing) | | | | | | | | | | | |
| ☐ Mobility (e.g. difficulty walking short distances, climbing stairs, lifting and carrying) | | | | | | | | | | | |
| ☐ Learning, concentrating or remembering | | | | | | | | | | | |
| ☐ Mental health | | | | | | | | | | | |
| ☐ Stamina or breathing difficulty | | | | | | | | | | | |
| ☐ Social or behavioural issues (e.g. neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger’s Syndrome) | | | | | | | | | | | |
| ☐ Other impairment | | | | | | | | | | | |
| ☐ Prefer not to say | | | | | | | | | | | |
| ***4. Ethnic Origin*** | | | | | | | | | | | |
| **Asian or British Asian** | | | | | | | | | **Black or Black British** | | |
| Bangladeshi | | | | | | |  | | Black African | |  |
| Indian | | | | | | |  | | Black Caribbean | |  |
| Pakistani | | | | | | |  | | Black Other\* | |  |
| Asian Other \* | | | | | | |  | |  | | |
| **Mixed** | | | | | | |  | | **White** | |  |
| White and Asian | | | | | | |  | | British | |  |
| White and Black African | | | | | | |  | | Irish | |  |
| White and Black Caribbean | | | | | | |  | | English | |  |
| Mixed Other\* | | | | | | |  | | Welsh | |  |
|  | | | | | | |  | | Scottish | |  |
|  | | | | | | |  | | White Other\* | |  |
| **Chinese** | | | | | | |  | | **Other Ethnic Group** | |  |
| Chinese | | | | | | |  | | Gypsy | |  |
|  | | | | | | |  | | Irish Traveller | |  |
| \*Any Other: *Please Specify below* | | | | | | |  | | Other Ethnic Group\* | |  |
|  | | | | | | | | | Do not wish to disclose | |  |
| ***5. Sexual Orientation*** | | | | | | | | | | | |
| Bisexual | | | | | | |  | | Gay man | |  |
| Heterosexual | | | | | | |  | | Lesbian | |  |
| Do not wish to disclose | | | | | | |  | | I identify as another term\*  *\*please specify here* | | |
| ***6. Religion and Belief*** | | | | | | | | | | | |
| Buddhist | | | | | | |  | | Sikh | |  |
| Christian (all denominations) | | | | | | |  | | Hindu | |  |
| Jewish | | | | | | |  | | Other:\* | |  |
| Muslim | | | | | | |  | | No Religion: | |  |
| \*Any other, *please specify below* | | | | | | | | | Do not wish to disclose | |  |
|  | | | | | | | | | | | |
| ***7. Caring responsibilities*** | | | | | | | | | | | |
| Do you look after, or give any help or support to family members, friends, neighbours or others because of either:   * Long-term physical or mental ill-health / disability * Problems related to old age | | | | | | | | | | | |
| Yes | | | | | | |  | | No | |  |
| Prefer not to say | | | | | | |  | |  | |  |
| If you selected yes, please indicate your caring responsibility (select all that apply) | | | | | | | | | | | |
| Primary carer of a child/children (under 18) | | | | | | |  | | Primary carer of disabled child/children up to 25 yrs old | |  |
| Primary carer of disabled adult (25+) | | | | | | |  | | Primary carer of older person (65+) | |  |
| \*Any Other *please specify* | | | | | | | | | Prefer not to say | |  |

Thank you for completing this form. The information it contains will be treated in the strictest confidence.