

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.

#### 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.



**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
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**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:				
<b>Continuation sheet may be used if necessary</b>					

## 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



**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.

<b>1. Age</b>			
Year of Birth		Age	

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

<b>2. Gender</b>				
Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	I identify as another term* <i>please specify</i>
	<input type="checkbox"/>		<input type="checkbox"/>	Do not wish to disclose
<b>3. Disability</b>				
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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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*	
<b>Chinese</b>		<b>Other Ethnic Group</b>	
Chinese		Gypsy	
		Irish Traveller	
<i>*Any Other: Please Specify below</i>		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* <i>*please specify here</i>	

### **6. Religion and Belief**

Buddhist		Sikh	
Christian (all denominations)		Hindu	
Jewish		Other:*	
Muslim		No Religion:	
<i>*Any other, please specify below</i>		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 <i>please specify</i>		Prefer not to say	

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