

Part one

Application form

Please refer to the guidance when completing this form. If not completing on line, use BLACK INK or type as it will be copied.

Position applied for:	
Job Reference number (see advertisement)	

PERSONAL INFORMATION

Name:		Title: Miss/Mr/Mrs/Ms/Other (please state)	
Address:			
	Post Code:		

Contact Details - please give details of how you would like us to contact you

Telephone	Home:	
	Work:	
	Mobile:	
Email	Home:	
	Work:	

References

Please give contact details of two people who can provide references – one of whom should be your present or most recent employer.

Name:		Name:	
Title: Miss/Mr/Mrs/Ms/Other:		Title: Miss/Mr/Mrs/Ms/Other:	
Job Title:		Job Title:	
Address:		Address:	
Post Code:		Post Code:	
Telephone:		Telephone:	
Email:		Email:	
Occupation:		Occupation:	
Relationship to you:		Relationship to you:	

I *give/do not give permission for you to contact the above prior to an offer being made *(delete clearly as appropriate)

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Provide details here of your employment history starting with your current or most recent employer. You can include any voluntary or unpaid work that you may have done, that is relevant to the role.

Employer (name and address)	Job held	Dates employed from-to

Continue on another sheet if needed

Education and Qualifications

Please state here any job relevant qualifications, attainment level and any professional qualifications, date achieved. If an overseas qualification, state UK equivalent.

Qualification	Date Achieved

Give details of job relevant personal development, and/or activities, courses, membership of professional bodies (see Guidance).

Annlication for

Criminal Records Bureau Disclosures

If you have been convicted of any offence, you must disclose it, unless it is 'spent' under the Rehabilitation of Offenders Act 1974. However, having a criminal record will not necessarily bar you from employment with the Council (see guidance note 6). Any information revealed here or as a result of a Disclosure will be considered in light of the responsibilities of the post. If the post you are applying for is in a school, or has substantial access to children, the vulnerable, elderly, or is within Social Care working directly with clients then you MUST state any convictions, bind over orders or cautions whether current or spent. In the event of employment, any failure to disclose these and/or pending investigations could result in disciplinary action and/or dismissal. All posts with access to children, the vulnerable or elderly, will be subject to a Criminal Records Bureau Disclosure. Please give details of:

a) any convictions (including driving offences)

b) disqualifications from driving, or performance of professional duties

Job Share

Jobs which are advertised as full time, may be suitable for job sharing. Are you applying for this job on the basis of job share? (Please refer to the Application Guidance)

Yes No

Canvassing

Are you related to a Councillor or employee of Herefordshire Council?

Yes No

If yes, give details:

Name: _____ Position: _____

Relationship: _____

Please note that canvassing of Councillors or employees of Herefordshire Council in relation to this application will disqualify any applicant. If evidence of this is discovered after appointment, you may be dismissed without notice.

Internal Applicants only

If you are an internal applicant, and either 'At Risk', or on Single Status Basic Pay Protection, please indicate by ticking the relevant box/boxes below):

I am At Risk (i.e. redundancy/redeployment)

I am on Single Status Basic Pay Protection

Declaration

I declare that the information I am giving in this application is accurate and true. I understand that providing misleading or false information may disqualify me from appointment or may result in my dismissal.

Name: _____
Signature: _____ Date: _____

Relevant Skills, Knowledge and Experience

Please refer to the Person Specification, Job Description and Application Guidance when completing this section. Make sure to include examples of HOW you have demonstrated skills, knowledge and experience.

Application for

Continue on another sheet if necessary.



Part two

diversity monitoring form

The following information is needed to help us ensure that our services are accessible to all. Your answers will be treated in the strictest confidence and will not be used to identify you.

The Diversity Monitoring form will not be seen by the selection panel. It will be detached and the information used for monitoring purposes only.

Data Protection Act 1998

The data collected in this form will only be used for the purpose of statistical monitoring. This information will only be retained for as long as is considered necessary for monitoring purposes and then it will be destroyed. At all times it will be kept in accordance with the Act.

Your gender:

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other, please specify:
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Your date of birth

Your age category:

<input type="checkbox"/> 0-15 years	<input type="checkbox"/> 25-44 years	<input type="checkbox"/> 65-74 years
<input type="checkbox"/> 16-24 years	<input type="checkbox"/> 45-64 years	<input type="checkbox"/> 75+ years

Do you have a disability, long-term illness or health problem (12 months or more) which limits daily activities or the work you can do or you have been diagnosed with a condition such as HIV, cancer, multiple sclerosis which is deemed to be covered from point of diagnosis rather than from when the condition may affect ability to carry out normal day to day activities.

<input type="checkbox"/> Yes – please specify below (tick all that apply):	<input type="checkbox"/> No
<input type="checkbox"/> Deaf/hard of hearing/acute hearing	
<input type="checkbox"/> Blind/partially sighted/sensitive to light	
<input type="checkbox"/> Learning disability or difficulty	
<input type="checkbox"/> Mental Health	
<input type="checkbox"/> Progressive/chronic illness (e.g. MS, cancer)	
<input type="checkbox"/> Mobility difficulties	
<input type="checkbox"/> Other (please specify):	

Your sexual orientation (please tick one only):

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Lesbian
<input type="checkbox"/> Prefer not to say	

Your religion/belief (please tick one box only):

<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Jewish
<input type="checkbox"/> Hindu	<input type="checkbox"/> Sikh	<input type="checkbox"/> Buddhist
<input type="checkbox"/> None	<input type="checkbox"/> Other (please specify):	

Your ethnicity (please tick one box only):

<input type="checkbox"/> WHITE	<input type="checkbox"/> British	<input type="checkbox"/> Irish Traveller
	<input type="checkbox"/> Romany/Gypsy	
<input type="checkbox"/> Other White background (please specify):		

<input type="checkbox"/> BLACK	<input type="checkbox"/> African	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Other Black background (please specify):		

<input type="checkbox"/> ASIAN	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani
	<input type="checkbox"/> Bangladeshi	
<input type="checkbox"/> Other Asian background (please specify):		

<input type="checkbox"/> CHINESE	<input type="checkbox"/> Chinese	
<input type="checkbox"/> Other Chinese background (please specify):		

<input type="checkbox"/> MIXED	<input type="checkbox"/> White & Black African	
	<input type="checkbox"/> White & Black Caribbean	
	<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Chinese
<input type="checkbox"/> Other Mixed background (please specify):		

<input type="checkbox"/> OTHER	<input type="checkbox"/> Any other background (please specify):	
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Your national identity (please tick one box only):

<input type="checkbox"/> English	<input type="checkbox"/> Scottish	<input type="checkbox"/> British
<input type="checkbox"/> Welsh	<input type="checkbox"/> Irish	<input type="checkbox"/> Other (please specify):

Disability

We guarantee to interview any applicant with a disability, who meets the requirements of the post. Do you consider yourself to have a disability? (Please refer to the Application Guidance)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Where did you see this role advertised? (Please tick one box only):

<input type="checkbox"/> Journal	<input type="checkbox"/> Herefordshire Council website
<input type="checkbox"/> Job Centre	<input type="checkbox"/> Other newspaper/journal – please state:

New Deal and other opportunities

Are you applying as a New Deal applicant? (please tick):

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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