

Please note

Application for Employment

1. All sections to be completed in black ink.

New Milton Town Council welcomes applications from all, irrespective of disability, gender, sexual orientation, marital status, family responsibility, age (subject to retirement policy), race, colour, ethnic origin, nationality (subject to issue of work permit where required), trade union membership and activity, political or religious beliefs.

| Additional sheets may be attached/inserted wherever necessary. | | |
|--|---|--|
| Title of post | Ref No | |
| | | |
| | | |
| 1 Personal Details | | |
| Surname(block letters) | Contact: | |
| , | Home | |
| Professional Surname (if different to above) | Work | |
| Forename(s) | Mobile | |
| Preferred title(Prof/Dr/Miss/Mr/Mrs/Ms) | email | |
| Address | Please indicate any times that you may be unavailable for interview. Where possible we will try to accommodate your requirements but this cannot be guaranteed: | |
| | | |
| Postcode | | |

| 2 Education Any offer of employment will be conditional on providing original proof of relevant qualifications. | | | | | |
|---|--------------------|---|----------------------------------|--|--|
| Name of Institution | Full/Part -Time | Qualifications gained (please state subject & class for degrees etc.) | Date of Award (Month/Year) | | |
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| 2 Mambara | hin of profession | al hadias (if applicable) | | |
|---------------|--------------------|------------------------------|------------------|---------------------|
| 3 Mellibers | Profession | nal bodies (if applicable) | Date | Class of Membership |
| | | 2007 | | оласо с. т.е.т. |
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| 4 Training | | | | |
| Year | Length of | Name of Organ | nisation | Subject |
| | Course | | | |
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| F. Other rela | ovent akilla /a a | anno star alcilla additional | lan av a a a a a | |
| 5 Otner rei | evant skills (e.g. | computer skills, additional | ianguages) | |
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| 6 Employment | | | ı | |
| Present position or activity | | Date started | | |
| | | | Full or part-time | |
| Please give a brief description of duties | | Current salary £ | | |
| | | | Additions to salary £ | |
| | | | In what form? | |
| | | | Reason for seeking other emp | ployment |
| | | | | |
| | | | | |
| Present employ | er's name & address | | | |
| | | | | |
| | | | Please state when you would | he available to take un |
| | | | employment if offered | • |
| | | | ' ' | |
| 7 Previous em | nlovment and/or other ac | tivities during | the last ten years (please sta | rt with the most recent) |
| Dates | proyment and/or other ac | Tivides during | the last ten years (piease sta | The with the most recently |
| (Month/Year) | Name & location of employer | | Position & duties | Reason for leaving |
| From | omployer. | | | |
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| 8 In support of your application | | | |
|--|--|--|--|
| A person specification is available online (or was included in the information sent to you by post / email) which | | | |
| details the knowledge, skills and attributes required for the position. In support of your application please give | | | |
| details along with examples, which demonstrate your knowledge, skills and attributes relevant to the person | | | |
| specification and explain how and where these were gained whether at or outside of work. Continue on / attach / or | | | |
| insert a separate sheet/document if necessary. | | | |
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| 9 References | | | | |
|---|---|--|--|--|
| Please nominate two referees who may be contacted regar this position, including your current/most recent line ma referee if applicable. | | | | |
| Name | Name | | | |
| Position | Position | | | |
| Organisation | Organisation | | | |
| Address | Address | | | |
| | | | | |
| | | | | |
| Telephone | Telephone | | | |
| Email | Email | | | |
| Capacity in which known | Capacity in which known | | | |
| Did they know you by any other name? | Did they know you by any other name? | | | |
| | | | | |
| | | | | |
| May we contact prior to interview? YES/NO | May we contact prior to interview? YES/NO | | | |
| Referees will automatically be approached when a job offer has been made and accepted. | | | | |
| | | | | |
| 10 Prevention of illegal working | to take up ample ment if appointed to this past are a | | | |
| Do you require permission from the UK Border Agency to take up employment if appointed to this post, e.g., a Certificate of Sponsorship? YES / NO | | | | |
| For further information on the Immigration Asylum and Nationality Act 2006 and UK Border Agency Immigration rules – see the UK Border Agency website | | | | |
| | | | | |
| 11 Declaration | | | | |
| I declare that all the information on this application form and any other documents relating to this appointment is, to the best of my knowledge and belief, true and correct. I understand that any false statement may give cause for dismissal should I be employed. I consent to New Milton Town Council processing the information given on this form including 'sensitive' information, as may be necessary during the recruitment and selection process. I understand that if my application is unsuccessful this application may be held on file for a maximum of 9 months. I understand that if I have sent this application form via e-mail it will automatically be deemed that I have signed the declaration below. | | | | |
| Signature Date | | | | |

Please return your completed form by email to: clerk@newmiltontowncouncil.gov.uk

Graham Flexman – Town Clerk New Milton Town Council

Town Hall 2 Ashley Road New Milton

Hampshire BH25 6BZ

Please return your completed form by post to:

Equality Monitoring Form

| 1 Surname | | 2 Forename(s) | |
|---|--|---|--|
| 3 Post applied for | | 4 Reference No | |
| 5 How did you first hear about this va | acancy | | |
| (Please state specific publication or | source) | | |
| 6 Gender MALE / FEMALE | | 7 Date of Birth | |
| 8 Nationality | | | |
| 9 Ethnicity | | | |
| White British Irish Other White background Please give details | | Black or Black British Caribbean African Other Black background Please give details | |
| White and Black Caribbean White and Black African White and Asian Other Mixed background | | Indian Pakistani Bangladeshi Other Asian background | |
| Please give details Chinese or Other Ethnic back Chinese Any other Ethnic background | | Please give details | |
| The Act defines disability as a physi normal day to day activities. Long t | cal or mental impairment, whice erm is taken to mean lasting f includes people with heart dis- | ch has a substantial and long-tern or a period greater than twelve m ease, diabetes, epilepsy, severe d | ts who fall within the new definition of disability n adverse effect on a person's ability to carry ou conths or where the total period is likely to last a disfigurement, depression, schizophrenia, Down's |
| | | _ | |
| Yes If you wish please give further details | | | |
| You are not obliged to declare a dis DDA do not require any assistance reasonable adjustment may be avail | ability and the University reco or support. However for thable, so an individual's impainant arther details here of any equi | gnises that many people who ma ose who may, equipment, compound ment would have little or no bearing pment or support you may need | by be considered disabled under the terms of the uter software, flexible working, other support on on their capability to realise their employmen because of your disability to carry out the duties |
| terms of the Data Protection Act an | d all other legislative provision to the recording and use of thi | s. My consent is conditional upo | ation and sensitive personal data in line with the on New Milton Town Council complying with their I have sent this application form via e-mail it will |
| Signed | | Date | |