



<b>3 Membership of professional bodies</b> (if applicable)		
Professional Body	Date	Class of Membership

<b>4 Training</b>			
Year	Length of Course	Name of Organisation	Subject

<b>5 Other relevant skills</b> (e.g. computer skills, additional languages)



## **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.

## 9 References

Please nominate two referees who may be contacted regarding your knowledge, skills, attributes and suitability for this position, **including your current/most recent line manager** plus another work related referee, or an academic 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? <b>YES/NO</b>	May we contact prior to interview? <b>YES/NO</b>

**Referees will automatically be approached when a job offer has been made and accepted.**

## 10 Prevention of illegal working

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 post to:

Theresa Elliott – Assistant Town Clerk  
New Milton Town Council  
Town Hall  
2 Ashley Road  
New Milton  
Hampshire BH25 6BZ

Please return your completed form by email to:

[theresa.elliott@newmiltontowncouncil.gov.uk](mailto:theresa.elliott@newmiltontowncouncil.gov.uk)

# Equality Monitoring Form

1 Surname..... 2 Forename(s).....

3 Post applied for ..... 4 Reference No.....

5 How did you first hear about this vacancy  
(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 .....

**Mixed**  
White and Black Caribbean   
White and Black African   
White and Asian   
Other Mixed background

Please give details .....

**Asian or Asian British**  
Indian   
Pakistani   
Bangladeshi   
Other Asian background

Please give details .....

**Chinese or Other Ethnic background**  
Chinese   
Any other Ethnic background

## 10 Disability

The Disability Discrimination Act protects employees, job applicants, contract workers and students who fall within the new definition of disability. The Act defines disability as a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities. Long term is taken to mean lasting for a period greater than twelve months or where the total period is likely to last at least twelve months. This definition includes people with heart disease, diabetes, epilepsy, severe disfigurement, depression, schizophrenia, Down's syndrome, dyslexia, for example.

Do you consider yourself to be disabled within the definition of the Disability Discrimination Act?

Yes  No

If you wish please give further details here .....

You are not obliged to declare a disability and the University recognises that many people who may be considered disabled under the terms of the DDA do not require any assistance or support. However for those who may, equipment, computer software, flexible working, other support or reasonable adjustment may be available, so an individual's impairment would have little or no bearing on their capability to realise their employment potential. If you wish please give further details here of any equipment or support you may need because of your disability to carry out the duties described in job description or during the interview selection process. This may include any special consideration for access.

I hereby give my consent to New Milton Town Council to record and process my personal information and sensitive personal data in line with the terms of the Data Protection Act and all other legislative provisions. My consent is conditional upon New Milton Town Council complying with their legal duties and obligations relating to the recording and use of this information. I understand that if I have sent this application form via e-mail it will automatically be deemed that I have provided my consent.

Signed ..... Date .....