

New Milton Town Council, Town Hall, Ashley Road, New Milton, Hampshire BH25 6AS t. 01425 619120 e. info@newmiltontowncouncil.gov.uk

www.newmiltontowncouncil.gov.uk

Job Application Form

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.

Please note 1. All sections to be completed in black ink.

2. Additional sheets may be attached/inserted wherever necessary.

Title of post Ref No

1 Personal Details		
Surname (block letters)	Contact:	
Professional Surname (if different to above)	Home	
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	Qualifications gained	Date of
	-Time	(please state subject & class for degrees etc.)	Award
			(Month/Year)

3 Membership of professional bodies (if applicable)			
Professional Body	Date	Class of Membership	

4 Training					
Year	Length of	Name of Organisation	Subject		
	Course				

Other relevant skills (e.g. computer skills, additional languages)

6 Employment		
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 employment	
Present employer's name & address		
	Please state when you would be available to take up	
	employment if offered	

7 Previous employment and/or other activities during the last ten years (please start with the most recent)			
Dates (Month/Year) From	Name & location of employer	Position & duties	Reason for leaving
То			

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? 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

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

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 Irish Other White background Please give details Please give details White and Black Caribbean White and Black African White and Asian Other Mixed background	Black or Black British Caribbean
Please give details	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	
lf yc	u wish please give further details here		
DD/ reas pote	do not require any assistance or support. Howev onable adjustment may be available, so an individual ntial. If you wish please give further details here of	er for th s impairi any equi	gnises that many people who may be considered disabled under the terms of the ose who may, equipment, computer software, flexible working, other support or ment would have little or no bearing on their capability to realise their employment pment or support you may need because of your disability to carry out the duties s. This may include any special consideration for access.
tern lega	s of the Data Protection Act and all other legislative	provision	and process my personal information and sensitive personal data in line with the s. My consent is conditional upon New Milton Town Council complying with their s information. I understand that if I have sent this application form via e-mail it will
Sigr	ed		Date