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| Vacancy title:  |   |  |
| Closing date:  |   |  |
| Ref. number: |   |  |

Please ensure that all sections are completed (using black ink or type), otherwise your application will not be considered. If you are attaching a C.V. please ensure that it relates to the Person Specification.

*All information that you provide will be treated as confidential.*

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| --- |
| PLEASE USE BLOCK CAPITALS FOR THIS SECTIONMr [ ]  Mrs [ ]  Ms [ ]  Miss [ ]  Other [ ]  Please specify:*Tick as appropriate* |
| First names:  |
| All previous first names *(if any)*:  |
| Family/Surname:  |
| All previous Family/Surnames *(if any)*:  |
| Date of Birth:  | National Insurance Number:  |
| Home/Contact Address:   |
|   | Postcode:  |
| E-mail:  | Day Telephone No:  |
| Mobile:  | Evening Telephone No:  |
| May we contact you at work? Yes [ ]  No [ ]  |
| Where did you see this vacancy advertised?  |
|  |
| **Please return this form to:** |

**EMPLOYMENT HISTORY**

Please list your current and all previous employers. Any gaps in employment must be explained and a continuation sheet used if required.

|  |  |  |  |
| --- | --- | --- | --- |
| Employers’ names addresses andtype of business | Job title, Key responsibilitiesand final salary |  Dates of  employment | Reason for leaving |
|  |  | From | To |  |
|  |  |  |  |  |
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**Absence due to Illness** (during the last 12 months)

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| --- | --- | --- |
| Please list causes of illness | Number of days | How many periods |
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**OTHER RELEVANT EXPERIENCE**

Please give details of any voluntary, unpaid or community work and also any experience/skills acquired outside of employment, including running your home and caring for dependents/family. Your experience should be related to the skills, abilities and knowledge outlined in the Person Specification & Job Description.

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| --- | --- |
| Type of experience | Dates |
|  |  |
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**EDUCATION, QUALIFICATIONS & TRAINING**

Please list academic qualifications and give details of any qualifications for which you are currently studying. Include details of any formal and on-the-job training which may support your application.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of school, college, university, etc. | Name of course | Dates | Qualification/ grade achieved |
|  |  | From | To |  |
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# PROFESSIONAL ASSOCIATION MEMBERSHIP

|  |  |  |
| --- | --- | --- |
| Name of professional association | Year of membership | Grade/level |
|  |  |  |
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# PERSONAL STATEMENT

**Relevant abilities, skills, knowledge & experience**

Tell us how you meet all of the short listing criteria set out in the enclosed Person Specification, drawing on all aspects of your education and experience, including paid employment and unpaid work.

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| If you are attaching continuation sheets tick box [ ]  |

If applicable, attach an organisation chart indicating your position in your current/most recent organisation.

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| Do you consider yourself to have a disability? | Yes [ ]  No [ ]  |
| If you have any requirements to aid you at interview, please specify (e.g. sign language, brailled/taped recruitment literature etc.): |   |
|  |
| Are you required to have a UK work visa /permit? | Yes [ ]  No [ ]  |
| If so, do you have a valid visa /permit? | Yes [ ]  No [ ]  |
| If yes, when does it expire? / /20  |
|  |
| Do you have a full current driving licence valid in the UK? | Yes [ ]  No [ ]  |
| Do you have access to some form of personal transport? | Yes [ ]  No [ ]  |

**REFERENCES**

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| Please give details of two referees of whom confidential enquiries may be made. They should be from your current or most recent employer or your current educational establishment. *References are* *normally taken up following interview. We reserve the right to contact any of your previous employers.* |
| Name of referee:  | Name of referee:  |
| Job title:  | Job title:  |
| Organisation:  | Organisation:  |
| Address:  | Address:  |
| Telephone:  | Telephone:  |
| Capacity in which known to you:  | Capacity in which known to you:  |
| *Please indicate if you do not want your* *referee to be contacted prior to offer* [ ]  | *Please indicate if you do not want your* *referee to be contacted prior to offer* [ ]  |

**DECLARATION**

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| --- | --- | --- |
| All applicants are required to declare personal relationships with existing Council employees and Council members. Canvassing of elected councilors or officers involved in the selection process directly or indirectly will automatically disqualify the applicant.Are you related to, or a close friend of, any elected councillor or member of staff employed by Barnet Council? Yes [ ]  No [ ] If yes, please state their name and your relationship with them:Name: Relationship:  |  | Any financial interests that applicants may have in contracts with the Council or pending Council tenders must be declared.Are you or any of your relatives party to an existing Council contract or involved in any competitive tendering process? Yes [ ]  No [ ]  If yes, specify the contract details:  |

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| I certify that, to the best of my knowledge, the information I have provided on this form, and on my completed declaration of criminal offences form, is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to dismissal without notice. I give explicit consent that the information provided by me on this form may be processed in accordance with the Council’s registration under the 1998 Data Protection Act and authorise the disclosure of personal data when references are taken up. |
| Signed:  | Date: dd/mm/yyyy |

**Please note if you are completing and sending this form electronically that you will asked to sign it if you are invited to an interview.**

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| **Declaration** **of criminal offences** **for jobs involving substantial access to children,** **vulnerable adults, and positions of trust which are subject** **to Criminal Records Bureau disclosure** |

The post for which you have applied is considered exempt under the provisions of The Rehabilitation of Offenders Act 1974. You must therefore inform us of ALL offences, convictions, cautions, bindovers or of any court cases that you have pending.

**ALL convictions must be declared and can never be considered ‘spent’.**

**EXEMPTIONS**

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| **1. WORK INVOLVING ACCESS TO CHILDREN** |
| a) Any post whose normal duties involve carrying out work of any sort in the following establishments* a care or residential home exclusively or mainly for children
* an educational institution ( school, college, nursery)
* a children's home

b) A position whose normal duties include, caring for, training, supervising or being in sole charge of children ( social workers, teachers, youth workers, leisure and recreation posts, care staff, staff responsible for accommodation)c) Day care premises during periods when children are presentd) A position whose normal duties involve unsupervised contact with children under arrangements made by a parent/guardiane) A supervisor or manager of an individual in categories a-d.f) Senior posts responsible for education or social care functions of a local authority, e.g. a Chief Education Officer |
| **2. WORK INVOLVING ACCESS TO VULNERABLE ADULTS****Any** employment concerned with the provision of care services to vulnerable adults which enables the employee access to vulnerable adults in the course of normal dutiesA person aged 18 or over is considered vulnerable if she/he has any or a combination of the following factors:* a substantial learning or physical disability
* a physical or mental illness, chronic or otherwise
* an addiction to alcohol or drugs
* a significant reduction in physical or mental capacity
 |
| **3. POSITIONS OF TRUST**Specific posts relevant for local government are;* solicitor
* accountant
* traffic warden/parking attendant
 |
| **If you are offered a job in these categories, you will also be required to complete a further form and to** **authorise the Council to undertake a criminal record check.** |

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| **Your application will not be considered without completion of this form.****DECLARATION OF CRIMINAL OFFENCES**Please list all your cautions and criminal offences. You should include any pending convictions and indicate that they are pending in the column ‘Place and date of judgement(s)’.If you have no convictions please write NONE and sign the form. |
| Nature of offence(s) | Details of offence(s) | Place and date of judgement(s) | Sentence(s) |
|   |   |   |   |
|   |   |   |   |
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|   |   |   |   |
| All information given will be treated in the strictest confidence and will be used for this job application only.I certify that, to the best of my knowledge, the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to instant dismissal without notice. |
| Signed:  | Date: dd/mm/yyyy |
| Name: *(please print)*   |



**Diversity Monitoring Form**

Barnet Council aims to have a workforce that reflects the diversity of talent, experiences and skills of our communities. We monitor the composition of our workforce to ensure that it is representative and that all staff are treated fairly. In addition, we are committed to promoting race equality, under the Race Relations (Amendment) Act 2000, which applies to everything the Council does. The information you give on this form will remain strictly confidential, in accordance with the Data Protection Act 1998, and will not affect any decision to employ you.

|  |  |
| --- | --- |
| **Name** | **Job ref** |
|   |   |
| **Post applied for**  |  |
| **Are you applying on a job share basis?** | Yes [ ]  No [ ]  |
| **Are you applying with a job share partner?** | Yes [ ]  No [ ]  |
| **Do you currently work for Barnet?** | Yes [ ]  No [ ]  |
| **If Yes, what is your Payroll number?** |   |
| **Advertising**: Where did you see this job advertised? |   |
| **Age**: | Under 20 [ ]  | 20-29 [ ]  | 30-39 [ ]  | 40-49 [ ]  | 50-59 [ ]  | 60 and over [ ]  |

**Disability:**

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| The Disability Discrimination Act 1995 defines a disability as, ‘A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’. In this definition, long term is taken to mean more than 12 months and would cover long term illness such as cancer and HIV or mental health problems.**Do you consider that you have a disability under the Disability Discrimination Act definition?** Yes [ ]  No [ ] If you have answered ‘Yes’, please select the definition/s from the list below that best describes your disability/disabilities: |
| **Hearing** (such as: deaf, partially deaf or hard of hearing) [ ] **Vision** (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/ contact lenses) [ ] **Speech** (such as impairments that can cause communication problems) [ ] **Mobility** (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis) [ ]  | **Reduced physical capacity** (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes) [ ] **Severe disfigurement** [ ] **Learning difficulties** (such as dyslexia) [ ] **Mental illness** (substantial and lasting more than a year, such as severe depression or psychoses) [ ] **Other disability** *Please specify* |
| **Physical co-ordination** (such as manual dexterity, muscular control, cerebral palsy) [ ]  |   |
| *continued* |

**Ethnicity:**

I would describe myself as:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asian or** **Asian British** | **Black or Black British** | **Mixed** | **Other** | **White** |
| Bangladeshi [ ]  | African [ ]  | White & Asian [ ]  | Chinese [ ]  | British [ ]  |
| Indian [ ]  | Caribbean [ ]  | White & Black African [ ]  |  | Greek [ ]  |
| Pakistani [ ]  |  | White & Black Caribbean [ ]  |  | Greek Cypriot [ ]  |
|  |  |  |  | Irish [ ]  |
|  |  |  |  | Turkish [ ]  |
|  |  |  |  | Turkish Cypriot [ ]  |
| Other [ ]  | Other [ ]  | Other [ ]  | Any other ethnic group [ ]  | Other [ ]  |
| If you selected any of the ‘Other’ categories, please tell us how you would further describe yourself  |

**FAITH**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agnostic [ ]  | Atheist [ ]  | Baha’i [ ]  | Buddhist [ ]  | Christian [ ]  |
| Hindu [ ]  | Humanist [ ]  | Jain [ ]  | Jewish [ ]  | Muslim [ ]  |
| Sikh [ ]  | No Religion [ ]  | Other Faith *Please specify*  |

|  |  |  |
| --- | --- | --- |
| **Gender:** | Female [ ]  | Male [ ]  |

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| **Sexuality:** |
| Bisexual [ ]  | Gay [ ]  | Heterosexual [ ]  | Lesbian [ ]  |

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| In addition, if you prefer to define your sexuality in terms other than those used above, please let us know.  |

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| **Declaration:****I have completed the details required in this document and declare to the best of my knowledge the** **information given is correct. I consent to it being held on file under the terms of the Data Protection Act 1998.** |
| Signature | Date |

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| --- |
| For office use only |
| Application withdrawn [ ]  Post Withdrawn [ ]  | Shortlisted Yes [ ]  No [ ] Appointed Yes [ ]  No [ ]  |