

Applicant
No.



APPLICATION FOR EMPLOYMENT STANDARD MONITORING FORM

CONFIDENTIAL

Please complete in black ink or type

THIS FORM IS NOT PART OF THE SELECTION PROCESS
(The information you provide will be treated in the strictest of confidence
and will not be seen by the selection panel)

Application for the post of: Community Project Manager Maternity Cover

Personal Details

Surname:		Forename:	
Preferred Name:		Preferred Title:	
Address:	Email:		
Daytime Phone No.:	May we contact you on this number during the application process? Yes / No		
Evening Phone No.:			
Do you need a work permit for permanent employment in the UK?	Yes / No	If Yes do you have one?	Yes / No
Do you hold a full driving licence?	Yes / No	Do you have regular use of a vehicle?	Yes / No

Relatives / Other interests

Are you, to your knowledge, related to, or do you have a close personal relationship with any Member or Officer of Yate Town Council?

Yes / No

If yes, please state the name of the person and the capacity in which you are known to them.

If appointed, do you have any business and/or financial interests which might conflict with the duties of the post?

Yes / No

If yes, please give brief details

Rehabilitation of Offenders Act 1974

Please give details, including dates and places, of pending prosecutions and any convictions, cautions and bind-overs that are not 'spent'. The Rehabilitation of Offenders Act 1974 gives individuals the right not to disclose details of old offences which are seen as 'spent'.

Equal Opportunities Monitoring Form

Yate Town Council recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of age, disability, gender, marriage/civil partnership, pregnancy and maternity, gender reassignment, sexual orientation, race (including ethnic origin, colour, nationality and national origin), religion or belief. We therefore welcome applications from all sections of the community.

The information you supply on this form will be separated from your application form prior to any selections decisions being made and will be treated as confidential at all times, and in accordance with the GDPR.

Name:	
Post:	

Gender: Male / Female	
Date of Birth:	
Do you consider yourself to have a disability	Yes / No
If yes, please state nature of disability	
The Equality Act defines disability as “a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities”.	

Ethnic Group (Please tick one box)

White	British		Mixed	White and Black Caribbean	
	Irish			White and Black African	
	Any other white background*			White and Asian	
				Any other mixed background*	
Black or Black British	Caribbean		Asian or Asian British	Indian	
	African			Pakistani	
	Any other Black background*			Bangladeshi	
				Any other Asian background*	
Chinese or Other Ethnic Group	Chinese		* Please specify		
	Other Ethnic Group*				

Supplementary Information

Flexible Working

Do you wish to apply for this job on the basis of flexible working?	Yes / No
If yes please give details of your preferred work pattern or other	

request	
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Recruitment Monitoring

How did you find out about this vacancy? Where appropriate, please give specific details of the website or publication.

Declaration

I declare that that the information in this form and the accompanying application form has been completed by me and all the information I have given is accurate and complete to the best of my knowledge. I accept that if I have given any information which I know is false or if I withhold any relevant information it may lead to my application being rejected or if I have been appointed to my dismissal.

I understand that by submitting this application, under the General Data Protection Regulation, the information contained in this form will be processed by Yate Town Council in line with their Data Management Policy, who will ensure that the information will be stored in paper and digital format, fairly and lawfully and will not be disclosed to any third parties or used for any purposes other than in the processing of the application. I understand that Yate Town Council will retain this information in line with their Data Management Policy.

Signed..... Date: