

## Private and Confidential Application Form

For information on how we use the information you provide to us, please read our Privacy Statement at the end of this application form. Please return to [seafont.office@n-somerset.gov.uk](mailto:seafont.office@n-somerset.gov.uk)

<b>Job applied for:</b>	<b>Closing date:</b>

### Personal details

<b>Title:</b>	<b>First name(s) :</b>	<b>Preferred name:</b>
<b>Surname:</b>		
<b>Mailing Address:</b>		<b>Postcode:</b>
<b>Email address:</b>		
<b>Daytime telephone (inc. code):</b>		
<b>Evening telephone (inc. code):</b>		
<b>Mobile:</b>		

**This section is an important part of your application. We need you to give specific information to support your application so that we can shortlist in a fair and unbiased way. Please provide examples which relates directly to the job you are applying for. This could include voluntary work, leisure interests and other activities which you consider to be relevant to the position.**

Please complete this section with details about current employment only

<b>Company Name and address:</b>	
<b>Job title:</b>	
<b>Salary:</b>	
<b>Employment start date:</b>	
<b>Additional information</b>	
<b>Do you, your partner or family have any interests (financial, professional or otherwise) that may conflict with your North Somerset Council employment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Failure to disclose this information may disqualify you from the post.)	
<b>If yes, please give details:</b>	
<b>Do you need a work permit or to be on a registration scheme to work in the UK?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, please give details:</b>	
<b>National Insurance Number:</b>	

## References

Please give details of two or more named referees, one of these should be your current or most recent employer. If you do not have two professional referees then you may provide details of personal referees. These should not include a relative. Personal referees must be able to comment on your skills and abilities in relation to the job being applied for. References for shortlisted candidates may be taken up before interview. In all cases, references will be taken up before a job offer is confirmed. We retain the right to seek references from all previous employers.

**Current/most recent employer** (or alternative referee where not available)

<b>Name:</b>	<b>Job Title:</b>
<b>Address:</b>	
<b>Postcode:</b>	
<b>Telephone:</b>	
<b>Email:</b>	

**Relationship:**

**How long have they known you:**

**May we contact this referee before interview?**

Yes

No

## **Accessibility**

**Do you consider yourself to be a disabled person?**

Yes

No

Prefer not to say

## **Declaration by Applicant**

I confirm to the best of my knowledge and belief that the information given on this form is correct. I understand that any offer of employment will be subject to satisfactory references, medical assessment and criminal record checks. Any misleading statement or deliberate omission may disqualify my application and lead to instant dismissal.

I consent to the necessary enquiries and checks being undertaken by the council in order to confirm that the information included in this application form is correct, to verify the authenticity of my qualifications and to ascertain whether I have any relevant criminal record which may make me unsuitable for the post applied for, including the on-line 'Status Check' using the DBS's Update Service and an External Validation Service check of my identity if I am unable to produce the ID required under the DBS's ID guidelines.

I understand that if I am successful in my application, any information contained in this form together with any obtained in relation to it, will be retained by the council during the course of my employment and for a reasonable time after the employment ends

### **All applicants, please sign:**

**Signature:**

**Date:**

If you are completing this application electronically, please note that entering your name and date in this box will be treated as a signature for declaration purposes.

## **Monitoring for equality**

North Somerset Environment Company has a duty to ensure that it does not discriminate against anyone as a result of their protected characteristic. The information gathered in this section is used by HR to enable them to fully understand how the recruitment process impacts on different groups and to find out if any

improvements can be made. Completion of this section is voluntary. Thank you for your cooperation.

<b>Job title</b>	<b>Job Reference Number</b>
<b>Date of birth</b> ____-____-____ <input type="checkbox"/> Prefer not to say	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
<b>Ethnic origin what is your ethnic group? tick one box only (see notes overleaf)</b>	
White groups <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British Caribbean <input type="checkbox"/> Irish African <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background background (please specify)	Mixed / multiple ethnic <input type="checkbox"/> White and Black <input type="checkbox"/> White and Black <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed (please specify)
Asian / Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese background <input type="checkbox"/> Any other Asian background (please specify)	Black / African / Caribbean / Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black <input type="checkbox"/> Any other Black/African/Caribbean (please specify)
Other ethnic group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group (please specify)	<input type="checkbox"/> Prefer not to say
<b>Nationality:</b>	
<b>Disability (see notes overleaf)</b>	
Do you consider yourself to be a disabled person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
If you are a disabled person, what is the nature of your disability? <input type="checkbox"/> Physical <input type="checkbox"/> Mental <input type="checkbox"/> Learning <input type="checkbox"/> Sensory <input type="checkbox"/> Prefer not to say	

## Notes of Guidance

### **Ethnic origin**

The form lists a number of ethnic groups. You should put a tick against the one you feel you belong to. If the group you belong to is not listed, tick 'other' and provide details in the space provided.

### **Disability**

**Defining a disabled person:** A person has a disability if he or she has a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. People who have had a disability within this definition are protected from discrimination even if they have since recovered.

**Impairment:** this includes physical, mental and sensory impairments, such as those affecting sight or hearing. This can include long-term, recurring, varying or managed medical conditions such as asthma and diabetes; and fluctuating or progressive conditions such as rheumatoid arthritis or motor neurone disease. A mental impairment includes mental health conditions, for example bipolar disorder or depression. Learning difficulties (such as dyslexia) and learning disabilities (such as autism and Down's syndrome) are also covered. Anyone with cancer, multiple sclerosis and HIV/AIDS, are automatically treated as a disabled person. There is no need for a person to establish a medically diagnosed cause for their impairment.

**Substantial adverse effect:** is something which is more than a minor or trivial effect. The requirement that an effect must be substantial reflects the general understanding of disability as a limitation going beyond the normal differences in ability which might exist among people.

**Long-term effect of an impairment** is one which has lasted at least 12 months, or where the total period for which it lasts is likely to be at least 12 months, or which is likely to last for the rest of the life of the person affected.

#### **Normal day-to-day activities:**

They are activities which are carried out by most men or women on a fairly regular and frequent basis. The term is not intended to include activities which are normal only for a particular person or group of people, such as playing a musical instrument, or participating in a sport to a professional standard, or performing a skilled or specialised task at work. However, someone who is affected in such a specialised way but is also affected in normal day-to-day activities would be covered by this part of the definition.

Day-to-day activities thus include – but are not limited to – activities such as walking, driving, using public transport, cooking, eating, lifting and carrying everyday objects, typing, writing (and taking exams), going to the toilet, talking, listening to conversations or music, reading, taking part in normal social interaction or forming

social relationships, nourishing and caring for one's self. Normal day-to-day activities also encompass the activities which are relevant to working life.

**Severe disfigurement:** is included, without any need to demonstrate that the impairment has a substantial adverse effect on their ability to carry out normal day-to-day activities.