



PEASEDOWN ST JOHN PARISH COUNCIL

The Beacon Hall, French Close, Peasedown St John, Bath BA2 8SN
Tel: 01761 433686 E-mail: clerk@peasedownstjohnparishcouncil.gov.uk
www.peasedownstjohnparishcouncil.gov.uk

APPLICATION FORM

Appointment of Responsible Finance Officer

Peasedown St John Parish Council is an equal opportunities employer, and your application will be judged solely on merit and irrespective of ethnic origin, race, colour, gender, disability, age, trade union activity, marital status, religion, belief or sexual orientation or any other protected characteristic. Please answer all the questions in this form honestly and truthfully and read and sign the declaration and consents at the end of the form to provide the best chance of obtaining an interview. If you require any assistance, please contact the Parish Clerk on 01761 433686.

Please complete the form in full in black ink or type and use only A4 size paper for any continuation sheets.

PERSONAL DETAILS	
Family Name:	
Forename(s):	
Preferred Title:	
Address:	
Post Code:	
Home Telephone Number:	
Mobile Telephone Number:	
Email Adress:	

OUTSIDE INTERESTS AND NON-VOCATIONAL EXPERIENCE
Please give details of any outside interests or non-vocational experience which you feel may be relevant and will support your application.

REHABILITATION OF OFFENDERS ACT 1974
Please give details of any "unspent" convictions as defined by the Rehabilitation of Offenders Act 1974. Unless the nature of the position allows the Council to ask questions about your entire criminal record we will only ask about "unspent" convictions. A criminal record will not necessarily be a bar to obtaining employment with the Council.

EDUCATION AND QUALIFICATIONS

Please give details of your education and qualifications obtained plus those currently being pursued.

Secondary School, College and/or University	Dates		Subjects studied and/or qualifications/grades obtained
	From	To	

Please note that you will be asked to produce evidence of your qualifications.

PROFESSIONAL AND TECHNICAL BODIES MEMBERSHIP

Please give details of any relevant professional or technical bodies of which you are a member by examination or subscription and any CPD you have undertaken.

Name of Institute/Professional Body	Level of Membership	Year of Award

TRAINING COURSES

Please give details of any relevant short training courses, trade/professional training, Government training schemes or secondments you have completed.

Course Title and Duration	Provider	Date

PRESENT OR MOST RECENT EMPLOYMENT

Employer:	
Address:	
Post Code:	
Job Title:	
Current or Final Salary:	
Date Commenced:	
Leave Date or Notice Period Required:	

Please provide a list of the main duties and responsibilities of your current or most recent job. (Please attach a copy of the job description if you wish.)

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Why do you/did you wish to leave your current/most recent job?

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EMPLOYMENT HISTORY				
Please list all your previous employment history in chronological order using a separate sheet if necessary and please give reasons for any gaps in your employment history.				
Name and Address of Employer	Employment Period		Job Title and Salary	Reason for Leaving
	From	To		

RELEVANT EXPERIENCE AND OTHER SUPPORTING INFORMATION
The information you provide in this section is very important in assessing your application. Please give details of your knowledge, qualifications, experience, skills and ability to cope with the demands of the post, relating them to the requirements of the job as laid out in the Person Specification and Job Description within the Recruitment Handout. Please continue on additional A4 sheets if necessary.

PREVENTION OF ILLEGAL WORKING		
Are you eligible to work in the UK?	Yes	No
Do you require a work permit to take up employment in the UK?	Yes	No
The Council has legal obligations to ensure that you can work legally in the UK. Prior to taking up any employment you will be required to provide evidence of a passport and/or other relevant documents on the approved list to satisfy the Council that you comply with this requirement.		
Are there any restrictions on your residing in the UK?	Yes	No

DRIVING LICENCE		
Do you hold a current driving licence?	Yes	No
If "yes" please state type of licence you hold:		
Are you a car owner or do you have a car at your disposal?	Yes	No
Do you have any current endorsements?	Yes	No
If "Yes", please specify:		

REFERENCES			
Please give details of two persons who we could contact and would be willing to supply a reference for you. We would prefer your referees to be your most recent employers including your current employer, if applicable.			
Name:		Name:	
Position:		Position:	
Address:		Address:	
Post Code:		Post Code:	
Email Address:		Email Address:	
Telephone Number:		Telephone Number:	
Capacity known to you:		Capacity known to you:	
Have you any objection to the references being obtained prior to interview.		Yes	No
References will be obtained, and their authenticity checked if you are offered the appointment.			

RELATIONSHIPS		
Are you, to your knowledge, related to or have any relationship with an Elected or Co-opted Member or employee of the Council?	Yes	No
If "yes", please give details.		

DISABILITY DISCRIMINATION ACT 1995		
Do you have a disability you wish us to know about at this stage?	Yes	No
If yes, to assist us in making the interview arrangements please note below if you believe there are any reasonable adjustments we should be making.		

DECLARATION AND DATA PROTECTION ACT CONSENT	
I declare that all the foregoing details given in this application are true to the best of my knowledge and understand that verification checks may be made. I also understand that if the information I have given is found to be untrue or misleading this will be sufficient grounds for disqualification from appointment or dismissal from any employment gained.	
Signed:	Date:

DATA PROTECTION CONSENT	
I understand that the information given in this form will be processed only by the Council for the purpose of considering my application for employment and if I am successful in my application this form and the information in it will be retained in my personnel file for such time as I am an employee and for up to six years after the end of my employment. Otherwise, this form will only be retained by the Council for so long as it is required in connection with the application.	
Under the Data Protection Act and GDPR you have specific rights including giving consent for the collection and processing of your personal data. Please see Council's Data Privacy Statement and Policy on our website for further information. Please indicate below whether you give consent for us to collect, record and process the personal data you have provided for the purposes of recruitment, selection and appointment.	
Please tick relevant box:	
I give my consent.	
I wish to find out more information or to check what personal data is being collected and processed before giving my consent.	
Signed:	Date:

NOTIFICATION OF VACANCY

How did you find out about this vacancy? Please tick relevant box:

Advertisement	Facebook	Word of Mouth	Council Website	Council Notice Board	Other

If 'advertisement' in which publication or if 'other' please explain below.

ACKNOWLEDGEMENT AND RETURN OF COMPLETED FORM

When completed, please return the application form by email to:-

twest@peasedownstjohnparishcouncil.gov.uk

or by post to:

Tanya West – Parish Clerk
Peasedown St John Parish Council
Beacon Hall
French Close
Peasedown St John
Bath

Please mark the envelope or email “**Confidential – Application for the post of Responsible Finance Officer**”. If you would like an acknowledgement of receipt, please enclose a stamped addressed envelope if submitting this application form by post.

INTERVIEW ARRANGEMENTS

It is our intention that if you are selected for interview, you will be notified during the week ending 12th July 2024 and interviews may be held week commencing 15th July 2024.

Please confirm that you will be available on these dates if selected for interview.	Yes	No
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Post Applied For: Responsible Finance Officer Application Form Stage

EQUALITIES MONITORING INFORMATION

The Council aims to be an equal opportunity employer and we want to treat everyone equally.

The information requested below will enable us to determine whether or not we are achieving this aim. All information will be regarded as strictly confidential, will be kept separately and will in no way affect the outcome of your application for employment.

By completing and returning this form you are consenting to the sensitive personal data contained within to be used purely for statistical purposes and to be produced as evidence in any legal proceedings for discrimination against the Council. Please read the Council's Privacy Statement and DPA Statement on the website for details of your rights with regard to data protection.

Please tick the box you consider best describes your situation in each category.

Gender. Are you?

Male	Female	Non-Binary	Other	I prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your age?

16-29	30-44	45-59	60-74	75+	I prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ethnicity. What is your ethnic group?

White British	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Any Other White Background	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Tamil	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Korean	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Any Other Asian Background	<input type="checkbox"/>
Any Other Mixed Background	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	African	<input type="checkbox"/>
Any other ethnic background	<input type="checkbox"/>	Any Other Black Background	<input type="checkbox"/>
		I prefer not to say	<input type="checkbox"/>

Disability and Health.			
Do you have a long-term physical, mental health and health condition or disability?			
Yes	No	I prefer not to say	
What is the nature of your disability, mental health or other health issue?			
Physical/Mobility	Sensory	Mental Health	Learning
Other	I prefer not to say		
It is important that we know of any special needs you may require should you be selected for interview and if subsequently appointed how this may impact on the job role and what, if any, adjustments will need to be explored with you.			
What is Your Religion or Belief?			
Christian	Buddhist	Hindu	Sikh
Jewish	Muslim	Atheist	Agnostic
Other	I prefer not to say		
What is Your Sexual Orientation?			
Heterosexual	Homosexual	Bisexual	Other
I prefer not to say			

Thank you for taking time to complete this form.

Date:
