



PERSHORE TOWN COUNCIL

APPLICATION FOR TOWN CLERK CONFIDENTIAL

Completed application forms must be returned by 12 noon on
Friday 13th August 2021 to

Mrs Ann Dobbins, Town Clerk, 34 High Street, Pershore WR10 1DS

Email:- ann.dobbins@pershore-tc.gov.uk

Please complete by hand in black ink – a CV will not be acceptable

Personal Details

Surname		Forename(s)	
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		National Insurance No	
Do you need a work visa for permanent employment in the UK?	Yes / No	If "Yes", do you have one?	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 Pershore 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'.

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	

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 consent that under the General Data Protection Regulation and the Data Protection Act 2018 the information contained in this form and my application form may be processed by Pershore Town Council who will ensure the information will be stored on a computer or form the basis of manual records. This information will be stored fairly and lawfully and will not be disclosed to any person/s for any other purposes.

Pershore Town Council requires this information for operational purposes relevant to the payment of remuneration, pensions, and the maintenance of a personnel system for all its employees.

I give my permission for Pershore Town Council to process and retain information about me contained in this form in accordance with the General Data Protection Regulation and the Data Protection Act 2018.

Signed..... Date

Name

(If you submit an application electronically, you will be asked to sign the form before interview)

Employment History

Please provide details of your work experience including previous posts with your present employer, unpaid voluntary or casual work. If you have undertaken periods of other responsibilities, raising family or caring, please also include these.

Present (or most recent) Employment			
Name and Address of Employer			
Position Held		Is this your current job?	Yes / No
Start Date		Leaving Date (if applicable)	
Notice Required		Basic Salary/Wage	
Other Allowances		Reason for Leaving	
<p>Key responsibilities and/or achievements:</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>			

Please enter most recent first

Name and Full Address of Employer	Start Date, Leaving Date, Position Held and Main Responsibilities - giving salary	Reason for Leaving

Please continue on a separate sheet if necessary

Please give details relating to *any gaps in your employment history*

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Education

Please provide brief details of your education - ***please enter most recent first***

Name of Educational Establishment (School, College, University etc)	Qualifications obtained with dates subjects and grades

Please continue on a separate sheet if necessary

Training

Please provide details of all training and development undertaken relevant to this post

Training Course and Organiser/Development Activity	Date and Outcome (Grade Achieved where relevant)

Please continue on a separate sheet if necessary

Membership of Professional Bodies

Body	Membership Type

Knowledge and Skills

The information provided in this section will be used to decide if you will be invited to the next stage of the selection process. It is essential therefore that you cover the requirements listed in the person specification for the job, which are detailed below:

1 Team Management and Leadership

2 Communication Skills

3 Financial Management

4 Experience and Knowledge of Local Government

5 Policy Development and Strategic Management

6 Information and Communications Technology

7 Work-Related Personal Qualities

References

Please give the name and address of two people who can provide an assessment of your suitability for this post. One of these should be your present/most recent employer. If you have not been in paid employment since leaving full-time education, please give the name of your tutor or lecturer.

<p>Name</p> <p>May we contact this person in advance of interview? Yes/No</p>	<p>Address</p>
<p>Email Address if available</p>	
<p>Position Held Day Contact Number</p>	

Name May we contact this person in advance of interview? Yes/No	Address
Email Address if available	
Position Held Day Contact Number	

Please use this space to add any other information you believe would be useful.

