

PERSHORE TOWN COUNCIL

APPLICATION FOR COMMITTEE CLERK CONFIDENTIAL

Completed application forms must be returned by 12 noon on Friday 23RD February 2024 to

Mrs Charlie MacIntyre, Town Clerk, 34 High Street, Pershore WR10 1DS

Email:- charlie@pershore-tc.gov.uk

Personal Details					
Surname		Forename(s)			
Preferred Name		Preferred Title			
Address		Email	L		
Daytime Phone No		May we contact you during the application			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		'es / 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					
		* 0.00 I A 1 40	NT 4		

Rehabilitation of Offenders Act 1974

Please give details, including dates and places, of pending prosecutions and any convictions, cautions and bindovers 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 fo	r this job on the basis of flexible wo	orking?	Yes / No
If "Yes", please give details of your preferred work pattern or other request			
	Recruitment	Monitor	ing
How did you find out a publication.	about this vacancy? Where appr	opriate, μ	please give specific details of the website or
	Declara	ation	
me and all the informa have given any inform	tion I have given is accurate and o	complete I withhol	ying application form has been completed by to the best of my knowledge. I accept that if I d any relevant information it may lead to my ssal.
contained in this form the information will be	and my application form may be	processe basis of n	the Data Protection Act 2018 the information of by Pershore Town Council who will ensure nanual records. This information will be stored other purposes.
Pershore Town Cour remuneration, pension	ncil requires this information for s, and the maintenance of a perso	r operationnel syst	onal purposes relevant to the payment of em for all its employees.
I give my permission f form in accordance wit	or Pershore Town Council to produce the formal to the General Data Protection Reg	cess and gulation a	retain information about me contained in this and the Data Protection Act 2018.
Signed		Date	e
Name			
(If you submit	an application electronically, you	will be as	sked 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		
Key responsibilities an	nd/or achievemer	its:		æ	
1					
2					
3					
4					

Previous employment

Name and Full Address of Employer	Start Date, Leaving Date, Position Held and Main Responsibilities - giving salary	Reason for Leaving
		20
	e continue on a separate sheet if necessary	

Please continue on a separate sheet if necessary

Please give details relating to any gaps in your employment history				

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
w .	
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)
· ,	

	Members	ship of Professi	onal Bodies (i	if any)	
	Body			Membership Type	
		Knowledge a	nd Skille		
selection process	provided in this sections. It is essential therefore detailed below:	n will be used to	decide if you wi	II be invited to the s listed in the perso	next stage of the specification for
1 Educati	onal Qualifications				
2		Ŷ.		*	
					и
2 Team M	anagement and Leade	ership			

3	Communication Skills
4	Work-Related Personal Qualities
<i>E</i>	Operational skills
5	Operational skills

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.

Name	Address			
May we contact this person in advance of interview? Yes/No				
Email Address if available				
Position Held	Day Contact Number			
Name	Address			
May we contact this person in advance of intention 2 Ver/No				
May we contact this person in advance of interview? Yes/No				
Email Address if available				
Position Held	Day Contact Number			