

**POST APPLIED FOR:** 

## **ASSISTANT CLERK & PROJECTS OFFICER**

PERSONAL DETAILS				
Surname: First na		ame(s):		
Former or changed name(s):				
National Insurance Number:		Current Address:		
Home Tel:				
Work Tel:				
Email:			Post Code:	
Do you consider yourself to have a disability?			Yes / No	
Please tell us about any reasonable adjustment you need to help you with your employment application, and				
Please tell us about any reasonable adjustment you need to help you do the job for which you are applying.				
Are there any restrictions to your ability to work in the United Kingdom?				
RELATIONSHIPS AND CANVASSING				
Please declare below any family or close relationship with an existing employee or councillor of Newbiggin by the Sea Town Council.				
CANVASSING OR NON DECLARATION WILL DISQUALIFY APPLICANTS				
CURRENT EMPLOYER (OR IF NOT IN EMPLOYMENT YOUR LAST EMPLOYER)				
Employer's name		Position held		
Employer's address		Date started		

 Date finished

 Reason for leaving

 Salary

 Other Benefits

Brief description of duties, responsibilities etc

EMPLOYN	IENT HISTO	RY SINCE LEAVING SCHOOL (INCLUDING V	VOLUNTARY WORK) – pleas	se list most recent first
From	То	Name and address of employer	Position held	Reason left

EDUCATIO	DNAL/VOCA	TIONAL TRAINING AND	QUALIFICATIONS – relevant to the p	ost applied for – lis	st most recent first
From	То	Establishment	Examinations, qualifications, grades	Awarding Body	Date of Award
			and achievements		

MEMBERSHIP OF PROFESSIONAL BODIES – relevant to the post applied for		
Name of Professional Body	Reference/Membership Number	

EVIDENCE TO SUPPORT	YOUR APPLICATION – all skills and experience relevant to the job applied for

## REFERENCES

Give the names, addresses and telephone numbers of two referees. One must be your current employer or, if you are currently out of work, your last employer. References from friends or purely social acquaintances are unacceptable.

Name	Name
Position	Position
Relationship	Relationship
Address	Address
Postcode	Postcode
Telephone No.	Telephone No.
Permission to contact prior to interview Yes/No	Permission to contact prior to interview Yes/No

## DECLARATIONS

H

I declare that the information given above is correct to the best of my knowledge. I understand that deliberately giving false or incomplete answers could disqualify me from consideration, or, in the event of my appointment, make me liable to summary dismissal and possible referral to the police. If appointed I give my consent under the Data Protection Act 1998 for Newbiggin by the Sea Town Council to retain and to make reasonable use of the personal information I have provided in connection with its employment policies, procedures and practices.

SIGNED...... DATE......

## PLEASE RETURN THIS FORM BY NOON FRIDAY 30JULY 2021 TO:

Town Clerk, Newbiggin by the Sea Town Council, 76 Front Street, Newbiggin by the Sea, Northumberland NE64 6QD