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**COUNCIL OF THE ISLES OF SCILLY**

Town Hall, St Mary’s, Isles of Scilly, TR21 0LW
01720 424000

**GENERAL APPLICATION FORM** hr@scilly.gov.uk

Please complete all sections of the application form; this can be typed or handwritten. In line with the recruitment process the 1st page will be detached when being sent forward for short listing.

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| **PERSONAL DETAILS** |
| SURNAME  |        |
| FORENAMES |       |
| ADDRESS |       |
|       | POST CODE |       |
| E-MAIL  |       | NATIONAL INS NO |       |
| TEL NO |       | MOBILE NO |       |

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| **PRESENT OR MOST RECENT EMPLOYMENT** |
| EMPLOYERS NAME |       |
| ADDRESS |       |
| POSTCODE |       | TELEPHONE NO |       |
| POSITION HELD |       | DATE APPOINTED |       |
| NOTICE PERIOD |       | SALARY |       |
| REASON FOR LEAVING(if applicable) |       | DATE LEFT(if applicable) |       |

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| **REFERENCES** One referee should be your present or most recent employer. References will be taken up before interview unless you specifically ask us not to. |
| EMPLOYERJOB TITLE:                RELATIONSHIP:           | PERSONALRELATIONSHIP:           |
| NAME |       | NAME |       |
| ADDRESS |            | ADDRESS |            |
| POSTCODE |       | POSTCODE |       |
| TEL NOEMAIL |       | TEL NOEMAIL |       |

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| FOR OFFICE USE ONLY: |
| Candidate: A B C D E F G H I J K |

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| FOR OFFICE USE ONLY: |
| Candidate: A B C D E F G H I J K |

The Council of the Isles of Scilly is committed to equality of opportunity in employment. We positively welcome your application irrespective of your gender, disability, race, colour, ethnic or national origin, nationality, sexuality, marital status, and age, religious or Political beliefs.

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| **POST APPLIED FOR:****POST NO:****DEPARTMENT:****GRADE:** |

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| --- | --- |
| **PREVIOUS EDUCATION:**SECONDARY/COLLEGE/UNIVERSITY | QUALIFICATION GAINED WITH GRADE |
|       |       |

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| **MEMBERSHIP OF PROFESSIONAL INSTITUTES** |
| ORGANISATION | LEVEL OF MEMBERSHIP | BY EXAMINATIONYES/NO | DATE AWARDED |
|       |       |       |       |

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| **MOST RECENT EMPLOYMENT** |
| JOB TITLE:            |

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| **PREVIOUS EMPLOYMENT (most recent employer first)** |
| EMPLOYERS NAME AND ADDRESS | POSITION HELD | FROM-TO | SALARY | REASON FOR LEAVING |
|       |       |       |       |       |

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| **ATTENDANCE AT TRAINING COURSES RELEVANT TO YOUR EMPLOYMENT** |
| ORGANISING BODY | COURSE TITLE | DURATION | DATE |
|       |       |       |       |

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| **SUPPORTING STATEMENT** Please show how your experience and qualifications are relevant to the post and how you would contribute to the post. Considerable importance will be attached to what you say in this submission. Please ensure that you seek to demonstrate how your skills, knowledge and experience match the requirements of the role profile for this post. |
|       |

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| **REASONS FOR APPLYING FOR THIS POST** |
|       |

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| **HOBBIES/OTHER INTERESTS** |
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| **ADDITIONAL INFORMATION** |
| a. Under the Working Time Regulations 1998 the Council must monitor the hours worked by its' employees. | Please confirm whether this will be your only employment. YES [ ]      NO [ ]       |
| b. Do you hold a current UK driving license? | YES[ ]  NO[ ]    |

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| DO YOU CONSIDER YOURSELF TO BE DISABLED? | YES[ ]   NO[ ]    |
| IF YES, DO YOU HAVE ANY SPECIFIC REQUIREMENTS WHICH WILL HELP WITH AN INTERVIEW? (eg. Ground floor venue, sign language etc) | YES[ ]   NO[ ]    |
| IF YES, PLEASE SPECIFY: |       |
| ARE YOU RELATED TO ANY MEMBER OR OFFICER OF THE COUNCIL? | YES[ ]   NO[ ]    |
| IF YES, PLEASE STATE NAME AND RELATIONSHIP |       |
| WHERE DID YOU SEE THIS POST ADVERTISED? |       |

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| **REHABILITATION OF OFFENDERS ACT 1974** |
| Before completing this section please refer to the enclosed guidance notes on the Rehabilitation of Offenders Act.  |
| Do you have any previous convictions which are “unspent” under the terms of the Rehabilitation of Offenders Act? YES[ ]   NO[ ]   (please tick as appropriate). If YES please give details of offence(s) and sentence: |

 **CANVASSING IN ANY FORM WILL DISQUALIFY**

Please note that you will be required to provide original documentation to verify statements made in this application and also indicate if you require a work permit to work in the UK.

By signing and returning this application form, you consent to the Council of the Isles of Scilly using and keeping information about you provided by you or by third parties, such as referees, relating to your application or future employment. Such information may include details relating to your health and/or criminal record.

**DATA PROTECTION**

All information contained in this form will be treated as strictly confidential, when used for recruitment. However we have a duty to protect the public funds we handle so we may use the information you have provided on this form to prevent and detect fraud.

We may also share this information, for the same purposes, with other organisations which handle public funds.

I declare that to the best of my knowledge, the information given in this application is complete and correct and that it may be used for purposes registered by the Council under the Data Protection Act 1998. I understand that if, after appointment, any information is found to be inaccurate this may lead to dismissal without notice.

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| **SIGNATURE** |  | **DATE** |       |

 **PLEASE RETURN THIS COMPLETED APPLICATION FORM AND THE ENCLOSED EQUAL OPPORTUNITIES MONITORING FORM TO
HR Department, Town Hall, St Mary’s, Isles Of Scilly, TR21 0LW or email to** **humanresources@scilly.gov.uk**

If you require this document in an alternative language, in larger text, Braille, easy read or in an audio format, please email diversity@scilly.gov.uk
Or telephone 01720 424369