**PERSONAL DETAILS**



**Please return to:**

**Great Aycliffe Town Council**

**Council Offices**

**School Aycliffe Lane**

**Newton Aycliffe, Co. Durham**

**DL5 6QF**

*Please mark envelope*

*‘Private and Confidential’*

**Tel 01325 300700**

**www.great-aycliffe.gov.uk**

**GREAT AYCLIFFE**

**TOWN COUNCIL**

|  |  |
| --- | --- |
| Post | Pre-school Assistant – Maternity Cover |
| Department | St Oswald’s Pre-School |
| Closing Date | 12 noon Monday 27th February 2023 |
| Form No. |  |

*This application form is also available in*

*All sections of this form must be completed in* ***black*** *ink or print . large print.*

*THIS SHEET AND THE EQUAL OPPORTUNTIES MONITORING FORM* ***WILL NOT*** *FORM PART OF THE SHORTLISITNG PROCESS.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | |  | | | | | | | Forename | | | | |  | | | | | | | | | Title Mr/Mrs/Miss/Ms | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | Post Code | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| *(If this is a temporary address, please also give your usual home address)* | | | | | | | | | | | | | | Email Address | | | | | | |  | | | | | | | |  |
| Telephone No. Home | | | | | |  | | | | | | Work | | | | | | | | |  | | | | | | | |  |
| Mobile Telephone No. | | | | | |  | | | | | | National Insurance No. | | | | | | | | | |  | | | | | | |  |
| **REFERENCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please give the names and addresses of TWO referees known to you personally, one of whom must be your present or most | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| recent employer (if references know you by another name, please state this) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Name | | | |  | | | | | | |  | | Name | | | | |  | | | | | | | | | |  | |
| Job Title | | | |  | | | | | | |  | | Job Title | | | | |  | | | | | | | | | |  | |
| Email address | | | |  | | | | | | |  | | Email address | | | | |  | | | | | | | | | |  | |
|  | | | |  | | | | | | |  | |  | | | | |  | | | | | | | | | |  | |
| County |  | | | | | | Postcode |  | | | | | County | | | |  | | | | | | Postcode | |  | | | | |
| Telephone No. | | | | |  | | | | | | | | Telephone No. | | | | | |  | | | | | | | | | | |
| May we contact this referee without further reference to you? | | | | | | | | | **YES / NO** | | | | May we contact this referee without further reference to you? | | | | | | | | | | | | | **YES / NO** | | | |
| **SICKNESS** - How many days absence from work through illness have you had over the last two years ? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I declare that the information set out in this application form is true in all aspects and that false information may render me liable for dismissal if I am appointed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signed | |  | | | | | | | | | | | Date | | |  | | | | | | | | | | |  | | |
| *The information on this form may be entered onto a computer and used for statistical, administrative and payroll purposes. Under terms and Conditions of the GENERAL DATA PROTECTION REGULATIONS 2018 the data will be treated in a secure and confidential manner and not kept for longer than necessary.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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**EQUAL OPPORTUNITIES MONITORING**

**This authority operates a policy of equal opportunities and wishes to ensure that all applicants are considered solely on their merits. Therefore, we need to be able to check that all decisions are not influenced by unfair or unlawful discrimination. To help us to do this, we would be grateful if you would complete this short questionnaire. Your answers will be treated with the utmost confidence and will be used for statistical purposes only.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ETHNIC GROUP -** Choose **ONE** section from A to E then tick the appropriate box | | | | | | | | | |
|  |  | **A WHITE** | | |  | |  | **C ASIAN OR ASIAN BRITISH** |  |
|  |  | **British** | | |  | |  | **Indian** |  |
|  |  | **Irish** | | |  | |  | **Pakistani** |  |
|  |  | **Any other white background please write in** | | | |  |  | **Bangladeshi** |  |
|  |  |  | | | |  |  | **Any other Asian background please write in** |  |
|  |  | **B MIXED** | | |  | |  |  |  |
|  |  | **White and Black Caribbean** | | |  | |  | **D BLACK OR BLACK BRITISH** |  |
|  |  | **White and Black African** | | |  | |  | **Caribbean** |  |
|  |  | **White and Asian** | | |  | |  | **African** |  |
|  |  | **Any other mixed background please write in** | | | |  |  | **Any other black background please write in** |  |
|  |  |  | | | |  |  |  |  |
|  |  |  |  | **E CHINESE OR OTHER ETHNIC GROUP** | | | | |  |
|  |  |  |  | **Chinese** | | | | |  |
|  |  |  |  | **Any other ethnic background please write in** | | | | |  |
|  |  |  |  |  | | | | |  |
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| --- | --- | --- | --- |
|  | **Do you require a work permit to take up this appointment** | **YES / NO** | |
|  | **If YES, when does this expire** |  |  |
|  | **Nationality** |  |  |
|  | **Country of Birth** |  |  |
|  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Birth** |  | | | | **Age** | | |  | **MALE  FEMALE** | | | |
| **MARITAL STATUS** |  | **Single** |  | **Married** | |  | **Widowed** | |  | **Divorced** |  | **Separated** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DISABILITY** | | | | | |
| **Applicants with disabilities, as defined under the Disability Discrimination Act 1995 will be invited for interview if all the essential job criteria are met** | | | | | |
| Do you consider yourself to have a disability | | | | **YES / NO** | |
| If YES, please tell us of any reasonable arrangements we can make in order to assist you | | | | | |
| (a) | To attend an interview |  | | |  |
|  |  | | | |  |
| (b) | To carry out the duties of this post | |  | |  |
|  |  | | | |  |
|  |  | | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **CONVICTIONS** | | | | | | | |
| Spent convictions must be declared for applications in relation to employment in the following areas: | | | | | | | |
| **Oak Leaf Sports Complex** | | **Park Patrol Operative** | | **Sports Coaching** | **Pre-school Learning Centres** | | |
| (i) | Have you received any convictions, cautions or binding-over, excluding “spent convictions” under the terms of the Rehabilitation of Offenders Act 1974 (exemption) Order 1975 | | | | | **YES / NO** | |
| (ii) | If YES, please specify:- | | | | | | |
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**APPLICATION FORM**

**GREAT AYCLIFFE**

**TOWN COUNCIL**

**Please return to:**

**Great Aycliffe Town Council**

**Council Offices**

**School Aycliffe Lane**

**Newton Aycliffe, Co. Durham**

**DL5 6QF**

*Please mark envelope*

*‘Private and Confidential’*

**Tel 01325 300700**

**www.great-aycliffe.gov.uk**

|  |  |
| --- | --- |
| Post | Pre-School Assistant – Maternity cover |
| Department | St Oswald’s Pre-School |
| Closing Date | 12 Noon Monday 27th February 2023 |
| Form No. |  |

*This application form is also available in*

*All sections of this form must be completed in* ***black*** *ink or print . large print.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CURRENT OR MOST RECENT EMPLOYMENT** | | | | | |
| Post held |  | | | |  |
|  | | | | Name and address of employer | |
| Date appointed |  | |  |  |  |
| Salary / Grade |  | |  |  |  |
| Notice required |  | |  |  |  |
| Date of leaving (if applicable) | |  |  |  |  |
| Reason for leaving |  | | | |  |
|  |  | | | | |

|  |
| --- |
| **DUTIES AND RESPONSIBILITIES** |
| *Please include any relevant experience in respect of the post you are applying for.* |
| *(Continue on separate sheet if necessary)* |

2

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| --- | --- | --- | --- | --- |
| **PREVIOUS EMPLOYMENT** | | | | |
| Please list most recent first | | | | |
| Name and address of Employers | Position held | Grade / Salary | Dates  From To | Reason for leaving |
|  |  |  |  |  |

|  |
| --- |
| **SUPPORTING INFORMATION / EXPERIENCE** |
| *Any other experience or information in support of your application which is not detailed elsewhere in the application form.*  *Please show how you meet the criteria detailed in the Person Specification form.* |
|  |
| *(Continue on separate sheet if necessary).* |

|  |  |  |  |
| --- | --- | --- | --- |
| **EDUCATION AND QUALIFICATIONS - SECONDARY EDUCATION**  3 | | | |
| School / College | Subject | Qualification  (e.g. GCSE, O/A Level) | Grade |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **EDUCATION AND QUALIFICATIONS - FURTHER EDUCATION** | | | |
| School / College | Subject | Qualification  (e.g. HND, Degree etc.) | Grade |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **TECHNICAL OR PROFESSIONAL MEMBERSHIP / QUALIFICATION** | | |
| Institute | Grade of Membership | Year of Election |
|  |  |  |

|  |
| --- |
| **FURTHER TRAINING AND DEVELOPMENT** |
|  |
| *(Continue on separate sheet if necessary)* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MEDICAL INFORMATION**  4 | | | | |
|  | | |  |  |
| Please note that the successful applicant will be required to undertake a medical examination (at the Council’s expense) and any job offer will be subject to receipt of a satisfactory medical report. | | | | |
| Please give the name, address and telephone number of your G.P. | | | |  |
|  | Name |  | |  |
|  | Address |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  | Tel. No. |  | |  |
|  |  |  | |  |

|  |  |  |
| --- | --- | --- |
| **OTHER INFORMATION** | | |
| Do you possess a current driving licence? | **YES / NO** |  |
| If ‘yes’ do you have regular access to a car? | **YES / NO** |  |
| Where applicable |  |  |
| *If this application is in respect of a post requiring statutory registration or a professional qualification, successful candidates will be required to produce current registration certificates prior to commencement of employment.* | | |
|  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RELATIVES AT GREAT AYCLIFFE TOWN COUNCIL** | | | | | |
| Are you related to any Member or Officer of this Authority? | | | | **YES / NO** | |
| If YES please give the names and state the relationship. Failure to disclose such a relationship may lead to your disqualification from appointment and, if appointed, may make you liable for dismissal. | | | | | |
| Name |  | Relationship |  | |  |
| Name |  | Relationship |  | |  |
| Canvassing of members of the Council, any Committee of the Council, or Officers directly or indirectly for any appointment with the council is prohibited and shall disqualify the candidate for that appointment. | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DECLARATION** | | | | |
| I certify that the information given on this form is true and correct to the best of my knowledge. I understand that the giving of false or misleading statements or withholding material or information may result in disciplinary action, including dismissal. | | | | |
| I understand that if the post is one which has substantial access to children or vulnerable people, the Council have my permission to proceed with any relevant police checks. | | | | |
| I understand that the appointment, if offered, will be subject to satisfactory medical clearance and references. | | | | |
| Date |  | Signature |  |  |
| *The information on this form may be entered onto a computer and used for statistical, administrative and payroll purposes. Under terms and conditions of the GENERAL DATA PROTECTION ACT 2018 the data will be treated in a secure and confidential manner and not kept for longer than necessary.* | | | | |
|  | | | | |

**Customer Recruitment Survey**

As part of our work towards ensuring continuous improvement in our recruitment processes, we hope to learn from those who participate in the process. To do this, we would be grateful if you would complete this survey form as your views are important to us. This will provide constructive feedback to facilitate continuous improvement in our service and which will enable us to provide a service which reflects our customers’ needs.

**It would be very much appreciated if you complete and return this questionnaire whether or not you intend completing the application form.**

The information contained within the questionnaire will be used for analysis and will not form any part of the selection process. Thank you for your co-operation in completing this form.

Post …………………………..……………….. Closing Date …………………………

**General Information**

**1. How did you find out about the post?**

Publication (please specify) ……………….……………..… Word of Mouth



Internet Job Centre Other (Please specify) ……………………...……





**2. Please specify what attracted you to apply? (tick all relevant boxes)**

Salary Nature of the Job Other benefits Career Opportunities









Advert Other (please specify)………………………………



**3. If you have decided not to apply please state what contributed to your decision.**

…………………………………………………………………………………………………………

**4. Response Time**

Our aim is to ensure receipt of information by candidates within three working days following the date of request. Please specify whether:

This was met This was not met





If not, please specify the period ……….. working days.

**Candidate Pack**

Please indicate your views in relation to the information provided by ticking the boxes below

Scoring code: 1 Unsatisfactory 2 Satisfactory 3 Good 4 Excellent

1 2 3 4

1. Guidance to Candidates





























2. Layout of application form

3. Employment information

























































4. Standard and relevance of other information

5. Ease of reading and clarity of material

6. Overall level of satisfaction with information

**Comments**

6

4. How do you think the pack could be improved?

3. Please provide any general comments you may have upon the recruitment service that has been provided.

2. Were there any aspects of the pack that did not meet your requirements?

1. Which aspects of the pack did you feel were most useful?

Signed ……………………………………………….. Date ………………………………..

Print name …………………………………………...

**Please return to Great Aycliffe Town Council, Council Offices, School Aycliffe Lane, Newton Aycliffe, Co. Durham. DL5 6QF or email to info@great-aycliffe.gov.uk.**

**Thank you for taking the time to complete this survey**