

## Application for Employment

(CURRICULUM VITAE ARE NOT ACCEPTABLE)  
Please do not include a CV with your application

Please complete in black ink or type

This Application Form is also available in Welsh on request.  
Please read the Guidance Notes before completing this form.

**Please return completed forms to: Torfaen County Borough Council, Human Resources Division, and state the address provided in the number box indicated below:**

Address : 1 / 2 / 3

<p><b>Social Care &amp; Housing Vacancies:</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Floor 2 County Hall CWMBRAN Torfaen NP44 2WN</p> <p>Tel: 01633 648597 Fax: 01633 648374 Email: <a href="mailto:socserv.recruitment@torfaen.gov.uk">socserv.recruitment@torfaen.gov.uk</a></p> </div> <div style="width: 15%; text-align: center; border: 1px solid black; padding: 2px;">Address 1</div> </div>	<p><b>Education Vacancies:</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>Floor 4 County Hall CWMBRAN Torfaen NP44 2WN</p> <p>Tel: 01633 647330 Fax: 01633 647778 Email: <a href="mailto:edvac@torfaen.gov.uk">edvac@torfaen.gov.uk</a></p> </div> <div style="width: 15%; text-align: center; border: 1px solid black; padding: 2px;">Address 2</div> </div>
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**All other Vacancies:**

Level 4  
Civic Centre  
PONTYPOOL  
Torfaen  
NP4 6YB

Tel: 01495 742560  
Fax: 01495 766193  
Email: [job.vacancies@torfaen.gov.uk](mailto:job.vacancies@torfaen.gov.uk)

Address 3

**Please Note:** The Job Description which accompanies this form will identify whether the post you are applying for requires a Criminal Records Bureau Disclosure or ISA Registration. If either applies, your attention is drawn to Section 14 of this form.



## 1. Vacancy Details

Applicant ID (Office Use Only) :

TE

Post applied for

Job Reference:

Service Area/Location:

Closing Date for Applications:

Is ISA Registration required under the Safeguarding Vulnerable Groups Act?

YES

NO

Are you ISA Registered:

YES

NO

If YES, Registration Number:

Date of Registration:

Is registration required under the Care Council for Wales (CCW) General Social Care Council (GSCC):

YES

NO

Are you currently registered with:

CCW

or

GSCC

If YES, Registration Number:

Date of Registration:

From:

To:

CRB Disclosure required:

YES

NO

If YES

Standard

Enhanced

Do you have a current CRB – If YES – Please provide:

Date of Issue:

Reference No:

Level of current CRB:

Standard

Enhanced

CRB provided by which Organisation:

## 2. Personal Details

Surname :

Initials:

Address :

Post Code:

### 3. Contact Details

Home Tel No:

Work Tel No:

Mobile Tel No:

Home Email:

Work Email:

May we contact you at work?

YES

NO

### 4. Present Employment *(if you are presently unemployed please leave blank)*

Employer's Name:

Address:

Postcode:

Telephone Number:

Position Held :

Department:

Present Grade:

Present Salary:

Date Star ed

Notice Period:

Brief outline of duties:

## 5. References

**External Applicants:** Please give below the names of **two** referees who have agreed to give a reference on your behalf. These references must both be employment references, and must include your current or most recent employer within the last three years. If you have recently left school or college the reference should be from your teacher/lecturer.

**Internal Applicants:** One reference will be taken up for internal applicants. Please give below the name of your current Manager who will be asked to provide a work reference prior to interview. If you have been in post for less than 1 year a second reference will also be taken up - please also provide details of your previous Manager.

Referees are only contacted if candidates are invited to attend for interview. Please note that family members, personal friends or neighbours will not be accepted as a referee.

### Referee 1

**External Candidates:** (Details of present employer)

**Internal Candidates:** (Details of current Manager)

Name of Referee:

Job Title:

Name of Company:

Address:

Telephone Number:

Email Address:

### Referee 2

**External Candidates:** (Details of most recent previous employer within last 3 years)

**Internal Candidates:** (Details of previous Manager if in existing post less than 1 year)

Name of Referee:

Job Title:

Name of Company:

Address:

Telephone Number:

Email Address:

May we contact these referees without asking you?

YES

NO

We will not confirm an offer of appointment until we have received satisfactory references (or school if you are a school leaver).

## 6. Educational Qualifications

Please give details of secondary, further and higher education qualifications achieved. Start with the most recent. Please include institute details eg., college, etc.

Date	Qualification gained or pending Please state subject (eg NVQ Level 1) and awarding institution or body	Grade Obtained

## 7. Training

Please list below relevant job related training you have undertaken, and/or any professional qualifications achieved.

Date	Course Title	Organiser

## 8. Membership of Professional Bodies (Please state whether by election, exemption or examination )

Date	Professional Body	Number	Grade / Level

## 9. Previous Employment

Please list **ALL** of your previous jobs including any with your present employer. Include **ALL** local government related service. Start with the most recent. References may be sought from your previous employers.

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Job Title: \_\_\_\_\_ Date Started: \_\_\_\_\_  
Employers Name: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Brief outline of duties:  
  
Reason for Leaving:

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Job Title: \_\_\_\_\_ Date Started: \_\_\_\_\_  
Employers Name: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Brief outline of duties:  
  
Reason for Leaving:

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Job Title: \_\_\_\_\_ Date Started: \_\_\_\_\_  
Employers Name: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Brief outline of duties:  
  
Reason for Leaving:

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Job Title: \_\_\_\_\_ Date Started: \_\_\_\_\_  
Employers Name: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Brief outline of duties:  
  
Reason for leaving:

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If necessary, please continue on a separate sheet, placing your name in the TOP RIGHT corner and numbering the additional sheets.

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## 10. Disciplinary Matters

Have you been subject to any disciplinary investigation or action including suspension from duty during your periods of employment with any employer? Include any investigations or actions taken by your professional body. YES  NO

If YES, please provide details below of action taken including dates. Include any pending incident/action.

**Failure to disclose information could result in your offer of appointment being withdrawn or if appointed, liable to dismissal.**

## 11. Driving Licence

Do you hold a current driving licence valid for use in Great Britain? YES  NO

If you hold a non UK licence, please specify country of issue \_\_\_\_\_

Do you have sole use of a car for work purposes?

YES  NO  NOT REQUIRED

Please state type of licence you hold:

FULL  PROVISIONAL  HGV  OTHER

Do you have any current endorsements? YES  NO

If YES, please give details

## 12. Relationship to Council Members and Employees

**Please give the details of any Elected Member or employee of the Council to whom you are related. If you fail to disclose such information you may be disqualified from consideration or, if appointed, liable to dismissal. Canvassing of any Elected Member or Senior Officer will disqualify a candidate from appointment.**

**Name of Councillor/Employee:**

**Relationship:**

### 13. Further Details

Please give any information which you think will help us consider your application, including details of your present or most recent job, or other relevant experience, any specialised knowledge you have including your leisure interests. You should try to relate your information to the job description and person specification for the post you are applying for. (Please read the guidance notes before completing). If you wish to use separate sheets then please attach them to this page. CV's are not acceptable.

Continue on a separate sheet if necessary – please indicate how many additional sheets have been enclosed to ensure that no pages are lost.

## 14. Criminal Convictions/Cautions/Disqualified Persons/Investigations

**You only need to complete this Section if the post you are applying for requires a Criminal Records Bureau Disclosure or ISA Registration as indicated in Section 1.**

Torfaen County Borough Council regards as paramount the welfare and safety of vulnerable adults and children. Whilst criminal convictions are not necessarily a bar, this safety consideration will be key to all decisions regarding the employment of staff, approval of carers or volunteers.

**If the post you are applying for requires a Criminal Records Bureau Disclosure this post will be exempt under the Rehabilitation of Offenders Act 1974.**

**It is within this context, and the following guidelines, that decisions will be made in relation to applications who have any form of criminal conviction or who are included on the Barred List.**

All applicants are asked to complete the following questionnaire and provide written consent for checks to be completed.

1. Have you ever pleaded guilty, been convicted or cautioned by a police officer for any criminal offence? **YES**  **NO**
2. Have you ever been interviewed as a potential suspect or investigated in relation to matters that might have led to criminal proceedings. **YES**  **NO**
3. Have you been subject to, or interviewed, in relation to disciplinary matters or allegations against you, in any of your previous employments?  
*If YES, please give details at Q11.* **YES**  **NO**
4. Has your name been added to the Barred list? **YES**  **NO**
5. Have you ever been subject to or party to court proceedings or investigation involving any Social Services authority or equivalent, here or abroad, or have had children or vulnerable adults removed from your care? **YES**  **NO**
6. Have you ever been refused registration or cancelled from an official register of: **YES**  **NO**

Child Minders / Day Care Providers / Private Fostering / Registered  
Care Home / Children's Home

*If the answer is YES, please give brief details:*

(Applicants are reminded that knowingly withholding this information or failing to disclose subsequent information is likely to lead to immediate suspension or termination of employment).

**I hereby give consent to the Local Authority completing such checks as are necessary with records held by the Authority and/or other agencies in order to verify the information provided above.**

**I further understand and agree that if, for whatever reason, my application is either refused or withdrawn, but information is revealed which leads the Council to conclude that I may pose a risk to children and/or vulnerable adults, it will keep this information for an appropriate period. I understand that the Council will not reveal this information to any other organisation or individual outside of the Council unless it is asked a direct question about me or circumstances suggest that the protection of a child or children or vulnerable adult required immediate disclosure. I understand that, if practicable, I will be alerted to such possible disclosure and invited to comment.**

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

## 15. Equal Opportunities Statement

Torfaen County Borough Council is committed to achieving equality as an employer and in all aspects of our business. The Council will ensure that the community we serve and current and potential members of staff have equality of opportunity to access all our services and opportunities. The Council will seek to ensure that no one receives less favourable treatment on the grounds of disability, race, language, gender, colour, religion, age, sexual orientation, marital status, social position, or any other improper grounds, by any requirements or regulations which cannot be fully and legally justified.

## 16. Data Protection Act 1998

The information or data you have provided on this form will be processed and held electronically, and will also be processed and held on your personal records if you are appointed. The data may be processed by this Council for the purposes of equality monitoring, compiling statistics and for the keeping of other employment records. By signing and returning this form you will be deemed to be giving your explicit consent to the processing of data contained or referred to on it, including any information which may be considered to be sensitive personal data.

## 17. Equality Act 2010

An employer has a duty to make reasonable adjustments to ensure that a provision, criterion or practice does not put a person at a disadvantage because they have a disability or for reasons which arise from, or are in consequence of having a disability.

## 18. Guaranteed Interview Scheme for applicants with a disability

Torfaen County Borough Council operates under the "Positive about Disabled People" symbol and welcomes applications from people with disabilities. This scheme guarantees an interview to people with disabilities if they meet the essential requirements for the post. If you are disabled and wish to be considered under this scheme please indicate below.



YES  NO

Do you have any special requirements to enable you to attend for interview?

YES  NO

If Yes, please state:

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## 19. The Recruitment Process – What will happen next?

If you have not been contacted within 4 weeks of the closing date, please consider that your application has been unsuccessful.

***Whatever the outcome of your application, thank you for the interest you have shown in working with Torfaen County Borough Council.***

## 20. Your Application

I certify that the details provided on this form and supporting papers are true. I understand that the provision of false or misleading information given in response to questions on this form, or the failure to disclose information will result in the termination of any contract of employment entered into, or the withdrawal of any offer of employment.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**“We must protect the public funds we handle so we may use the information you have provided on your application form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations which handle public funds”.**

# EQUALITY MONITORING FORM



The Council is committed to Equal Opportunities in employment and service delivery. In order to monitor the effectiveness of its policies we would appreciate if you could provide the following information:

**POST TITLE:** \_\_\_\_\_ **PAYROLL NO:** \_\_\_\_\_

**SERVICE AREA:** \_\_\_\_\_

*This information will be treated in the strictest confidence and used for monitoring purposes only. It will be detached from your application on receipt and will not be considered as part of the selection process.*

**SURNAME:** \_\_\_\_\_ **FIRST NAMES:** \_\_\_\_\_

**MARITAL STATUS** \_\_\_\_\_ **GENDER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**DISABILITY**

*The Disability Discrimination Act 1995 defines disability as "a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities". With this definition in mind, would you describe yourself as:*

DISABLED  NOT DISABLED

**ETHNICITY**

I would describe my ethnic origin as (Please tick  where appropriate):

**a. White**

- British
- Irish
- Welsh
- Any other White background (please write in)

**c. Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian Background (please write in)

**b. Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background (please write in)

**d. Black or Black British**

- Caribbean
- African
- Any other Black background (please write in)

**e. Chinese or Other Ethnic Group**

- Chinese
- Other (please write in)

**LANGUAGES**

Do you speak any languages confidently in addition to English (please select):

Welsh	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Partially	<input type="checkbox"/>
French	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Partially	<input type="checkbox"/>
Turkish	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Partially	<input type="checkbox"/>
Bengali	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Partially	<input type="checkbox"/>
Polish	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Partially	<input type="checkbox"/>
Chinese (Mandarin/Cantonese)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Partially	<input type="checkbox"/>
Urdu	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Partially	<input type="checkbox"/>
British Sign Language	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Partially	<input type="checkbox"/>
Other (Please state)						

Would you be prepared to be registered as an employee with additional language skills: YES  NO

**SEXUAL ORIENTATION** (please tick)

Heterosexual  Gay/Lesbian/Bisexual  Transgender  Prefer not to say

**RELIGIOUS BELIEFS**

Do you have any religious beliefs: YES  NO

If so please state:

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