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## Application for Employment

**CURRICULUM VITAE ARE NOT ACCEPTABLE**

Please complete electronically or in black ink

This Application Form is also available in Welsh on request.

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| **Please note the return address may differ to the address detailed below for some school vacancies. Please check the advert carefully prior to return** |

**Please email completed applications to:**

[**recruitment@torfaen.gov.uk**](mailto:recruitment@torfaen.gov.uk)

**Alternatively send to:**

**The Recruitment Team**

**Employee Services Division**

**Level 4**

**Civic Centre**

**PONTYPOOL**

**Torfaen**

**NP4 6YB**



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| 1. Vacancy Details | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | | | | | **Post applied for:** | |  | | | |  | | | | | | **Job Reference Number:** | | |  | | |  | | | | | | **Service Area:** |  | | | | |  | | | | | | **Section:** |  | | | | |  | | | | | | **Closing Date:** |  | | |  | |  | | | | | | |
| 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:** |  | | | | | |  | | | | | | |  |  | | | | | |  | | | | | | | **Post Code** |  |  | | **Telephone Number:** |  | |  | | | | | | | **Position Held :** |  |  | | **Department:** |  | |  |  |  | | |  | | **Present Grade:** |  |  | | **Present Salary:** |  | |  |  |  | | |  | | **Date Started:** |  |  | | **Notice Period:** |  | |  | | | | | | | **Brief outline of duties:** | | |  | | | |  | | | | | | |

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| 5. References | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | **External Applicants**: Please give the names of **two** referees who have agreed to provide a reference on your behalf. One reference must be provided by your current or if you are not currently employed, by the most recent employer within the last three years. If you have recently left school or college one reference should be provided by a teacher or lecturer.  **Internal Applicants:** One reference will be taken up. Please give below the name of your current Manager who will be asked to provide a work reference.  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: |  | | | | | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | | | | | | | | May we contact these referees without asking you? | | **YES** |  |  | **NO** |  |  | | | | | | | | | |  | | | | | | | | | **Referee 2**  **External Candidates:** (Details of most recent previous Employer within last 3 years)  **Internal Candidates:**  (Not required) | | | | | | | | |  |  | | | | | | | | 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. | | | | | | | | | |
| **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** | |  |  |  |  | |

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| 9. Requirements for RegistrationPlease read all sections and complete those that apply for the post you are applying for |
| Education Workforce Council (EWC) - If you are applying for a post that supports learning in a school, a qualified youth worker or a work based learning practitioner you will need to provide details of your EWC registration. |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Are you registered? | **YES** |  |  | **NO** |  |  |  |  |  | | --- | --- | | Date of Registration: |  | |
| Social Care Wales – If you are applying for a Social Worker or Social Care Manager post you will need to provide your registration details below. |
| |  |  | | --- | --- | | Registration Number: |  |  |  |  | | --- | --- | | Date of Registration: |  | |
| 10. 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. | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | **Job Title:** |  | | | | | |  | Date Started: | | |  | |  | | | | | | | | | | | | | Employers Name: |  | | | | | |  | Date Left: | | |  | |  | | | | | | | |  | | |  | | Address: |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | Postcode: | | |  | |  | | | | | | | | | | | | | Brief outline of duties: | | | |  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | Reason for Leaving: | | | |  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | **Job Title:** |  | | | | | |  | Date Started: | | |  | |  | | | | | | | | | | | | | Employers Name: |  | | | | | |  | Date Left: | | |  | |  | | | | | | | | | | | | | Address: |  | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | Postcode: | | |  | |  | | | | | | | | | | | | | Brief outline of duties: | | | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | Reason for Leaving: | | | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | **Job Title:** | |  | | | | |  | | Date Started: |  | | |  | | | | | | | | | | | | | Employers Name: | |  | | | | |  | | Date Left: |  | | |  | |  | | | | | | | | | | | Address: | |  | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | Postcode: |  | | |  | | | | | | | | | | | | | Brief outline of duties: | | | | |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | Reason for Leaving: | | | | |  | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| 11. Driving Licence **Only complete this section if the post you are applying for requires a driving licence. Details will be given on the person specification attached to the job description** |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | Do you hold a current driving licence valid for use in Great Britain? | | | | | | | | | | | | | | **YES** | | | |  | | **NO** | |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | Do you have sole use of a vehicle for work purposes? | | | | | | | | **YES** | | |  | **NO** | | | | |  | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Please state the 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:** | |  |  | |  |      |  |  |  | | --- | --- | --- | | **Name of Councillor/Employee:** | | **Relationship:** | |  |  |  | |

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| **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, and any specialised knowledge you have. Include your leisure interests and hobbies. You should try to relate your information to the job description and person specification for the post you are applying for. If you wish to use separate sheets then please attach them to this page. Please note that CV’s will not be accepted. | | |  | | |  | | |  | | | Continue on a separate sheet if necessary – Please indicate how many additional sheets have been enclosed with your application to ensure that no pages are lost. |  | |

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| 14. Criminal Convictions/Cautions/Disqualified Persons/Investigations |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | | **You only need to complete this Section if the post you are applying for requires a Standard or Enhanced Disclosure and Barring Service check as indicated on the advert/job description. A copy of the DBS Code of Practice is available to read here:** [**https://www.gov.uk/government/publications/dbs-code-of-practice**](https://www.gov.uk/government/publications/dbs-code-of-practice) | | | | | | | | | | | |  | | | | | | | | | | | | 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 priority when undertaking decisions regarding the employment of staff, carers or volunteers.  If the post for which you are applying requires a Disclosure and Barring Service check this post will be exempt under the Rehabilitation of Offenders Act 1974. It is within this context, and the following guidelines, that all decisions will be made in relation to applicants who have any form of criminal conviction or who are included on the Barred List.  Please note that the DBS remove old and minor offences from the criminal record certificates. For those over 18 at the time of the offence the adult conviction will be removed if 11 years have elapsed since the date of the conviction and it was the only offence and it did not result in a custodial sentence. An adult caution will be removed after 6 years have elapsed since the date of the caution. For those under 18 at the time of the offence the same rules apply except the elapsed time period is 5 ½ years for a conviction and 2 years for a caution.  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 offences?  Please note that an old or minor offence as detailed above does not need to be declared. | | | | | | | | | | | |  | **YES** | |  |  | **NO** |  | | |  | | |  | | | | | | | | | | | | 2. Has your name been added to the Barred List? | | | | | | | | | | | |  | **YES** | |  | **NO** | |  | | |  | | |  | | | | | | | | | | | | 3. Have you ever been subject to or party to any 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** | |  | | |  | | |  | | | | | | | | | | | | 4. Have you ever been refused registration or cancelled from an official register of Child Minders / Day Care Providers / Private Fostering / Registered Care Home / Children’s Home: | | | | | | | | | | | |  | **YES** | |  | **NO** | |  | | |  | | | If the answer is **YES** to any of the questions above, 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 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 6 months unless there are exceptional circumstance where guidance will be sought from the Disclosure and Barring Service. 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/children or vulnerable adult(s) required immediate disclosure. I understand that, if practicable, I will be alerted to such possible disclosure and invited to comment.  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. | | | | | | | | | | | | **Signed:** | |  | | | | |  | **Dated:** | |  | |

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| 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 |
| |  | | --- | |  | |  | | Torfaen County Borough Council manages your personal data in accordance with General Data Protection legislation. When individuals apply to work for the Council we will only use the information they supply to process their application, which for School appointments will involve sharing the information with Governing Bodies who have responsibilities for the recruitment process, and for monitoring anonymised equal opportunities statistics.  Once a person has taken up employment with the Council any information relating to their employment will be kept secure within a personnel file and will only be used for purposes directly relevant to that employment. Information will be disposed of accordingly in line with the Council’s Data Retention Policy.  A copy of the Council’s Human Resources Privacy Notice can be accessed through the Data Protection section of the Council's website: <https://www.torfaen.gov.uk/Privacy> - by following the link to Resources Privacy Notices / Human Resources, or alternatively contact the Council's Data Protection Team on 01633 647467 or by emailing [dpa@torfaen.gov.uk](mailto:dpa@torfaen.gov.uk)    I confirm that I have read and understood how you will process my data | |
| **17. Equality Act 2010 (Statutory Duties)(Wales)Regulations 2011** |
| |  | | --- | |  |   Torfaen County Borough Council is required to publish specific Equalities Data relating to employment. The information you have provided on this Application Form may be used to enable the Council to meet these obligations. Applicants will not be identified and data will only be published when the anonymity of Job Applicants can be guaranteed. |
| 18. Guaranteed Interview Scheme for applicants with a disability |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | | | |  | | | | Torfaen County Borough Council 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.  This 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** | |  | employer_small | |  | | | | | | | | Do you have any special requirements to enable you to attend for interview? If Yes, please state: | | | | | | | |  | | | | | | | |
| 19 Guaranteed Interview Scheme for Armed Forces Veterans |
| Torfaen County Borough Council supports the pledges in the Community Covenant. A guaranteed interview will be offered to veterans provided that the veteran is currently serving in the armed forces and is within 12 weeks of their discharge date OR the armed forces were the veterans’ last long-term employer AND meets the essential criteria for the advertised role Please enter **Yes** if applying under the Armed Forces Veteran Scheme  C:\Users\0286260\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\K5AY411X\Silver Award Logo.png |

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| 20. Welsh Language |
| Are you a Welsh speaker?   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **YES** |  | **NO** |  |  |   Do you wish to use the Welsh Language at interview or at any other method of assessment? (if required we will provide a simultaneous translation service from Welsh to English)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **YES** |  | **NO** |  |  |   Do you require further correspondence to be issued in Welsh?   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **YES** |  | **NO** |  |  | |  |  |  |  |  |  | |
| 21. 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 showing an interest in working with Torfaen County Borough Council**. | |
| 22 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”.** | | | | | | |

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| **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 which 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. Subject to your consent, the data on this form will be published to enable to Council to meets its obligations to publish data as outlined in Regulation 9(c) parts (i) and (ii) of the Equality Act 2010 (Statutory Duties) Wales Regulations 2011:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Post Title:** |  |  | **Service Area:** |  |
| **Job Ref Number:** |  |  | **Internal\*/External\* Applicant (\*please delete)** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. ***White*** |  |  | 1. ***Asian or Asian British*** |  |
| British |  |  | Indian |  |
| Irish |  |  | Pakistani |  |
| Welsh |  |  | Bangladeshi |  |
| Gypsy or Irish Traveller |  |  | Any other Asian background - |  |
| Roma |  |  | Please state): |  |
| Any other White background - |  |  |  |  |
| (Please state): |  |  |  |  |
|  |  |  |  |  |
| 1. ***Mixed*** |  |  | ***d. Black or Black British*** |  |
| White and Black Caribbean |  |  | Caribbean |  |
| White and Black African |  |  | African |  |
| White and Asian |  |  | Any other Black background - |  |
| Any other mixed background - |  |  | (Please state): |  |
| Please state): |  |  |  |  |
|  |  |  |  |  |
|  |  |  | ***e. Chinese or Other Ethnic Group*** |  |
|  |  |  | Chinese |  |
|  |  |  | Other (Please state): |  |

**SEXUAL ORIENTATION (**please tick):

Heterosexual       Gay/Lesbian/Bisexual       Don’t Know       Prefer not to say

**RELIGIOUS BELIEFS:**

Do you have a religious belief, if so please state:

**LANGUAGES**

What is your first language?

Do you speak any other languages confidently other than your first language, ie. Welsh / English/ French/ Urdu/

British Sign Language (please detail):

I consent to the data on this form being published under the Equality Act 2010 (Statutory Duties)(Wales) Regulations 2011 Regulation 9(c) parts (i) and (ii). I understand that the date when published will be anonymous and I will not be identified.

*I hereby give my consent to Torfaen County Borough Council processing the data supplied in this form for the purpose of equal opportunities monitoring in recruitment and selection, and if relevant, employment within the Council. I acknowledge that my application will be treated the same regardless of whether or not I complete this form. I understand that I may withdraw my consent to the processing of this data at any time by notifying the Council’s data protection officer or the Head of Strategic HR.*

*[This form will be stored electronically and retained until the data has been collated.]*