

## APPLICATION FORM

### Office and Training Administrator – Maternity Cover

#### Guidance notes on the completion of this form – please read carefully

1. This application form consists of 2 parts.

We use the first part to monitor the EALC's Equality & Diversity Policy and we will remove it before short listing.

2. The second part asks you about your education, training and employment history, and gives you the opportunity to provide information in support of your application.

3. Please complete all sections of the form. Please write your answers in **BLACK INK**.

You may use additional pages if required

4. **Do not** enclose a C.V. Only include other material if we ask you to do so in the accompanying details. The selection panel will only consider information provided on this form, associated supplement or any continuation sheets.

5. Referees should be your current and previous employers.

If you are a student or school leaver put the Head of Course and a personal referee. If you are unemployed, give your last two employers.

If you have only worked for one employer please advise us of a personal referee.

6. If you have a disability we will make adjustments to the interview and working arrangements providing it is reasonable to do so, in accordance with the Equality Act 2010. Please let us know if you need the application form in a different format, for example on audio-tape.

7. Closing date for applications is **Noon on Tuesday 11<sup>th</sup> April 2017**

8. Hand written application forms to be returned to Chief Executive Officer, 42B High Street, Great Dunmow, Essex CM6 1AE. Please mark: **Confidential – Application Form for Office and Training Administrator**.

**Email applications will not be accepted.**

9. Applicants selected for skills test will be informed by **Thursday 13<sup>th</sup> April**

If you have not heard from us it will be because we have decided not to take your application any further.

10. Skill Tests will be held on **Tuesday 18<sup>th</sup> April 2017**

11. Applicants successfully completing the skills test will be asked to come for interview on **Friday 28<sup>th</sup> April 2017**

## EQUAL OPPORTUNITIES STATEMENT

EALC is committed to promoting equal opportunities, valuing diversity and tackling social exclusion in everything it does. Our aim is equality for everyone and we will shape our services and employment practices accordingly. We recognise that we must have a workforce that is as diverse as the community in which we live, so that we can provide the most effective services.

**EQUAL OPPORTUNITIES DATA – This sheet will be removed from your application form before shortlisting and we will only use it to help us monitor equal opportunities.**

**Job Title: Office and Training Administrator**

Where did you see this vacancy advertised?

### Gender and Marital Status

My gender is :-

Female

Male

My marital status is :-

Married

Unmarried

What is your age range

25 or under

26 – 45

46 – 55

56 or over

### Ethnic Origin

(please tick one box only)

White:

British

Irish

Any other white background  (please write in \_\_\_\_\_)

Mixed:

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background  (please write in \_\_\_\_\_)

Asian or Asian British:

Indian

Pakistani

Bangladeshi

Any other Asian background  (please write in \_\_\_\_\_)

Black or Black British:

Caribbean

African

Any other African background  (please write in \_\_\_\_\_)

Chinese or other ethnic group:

Chinese

Other  (please write in \_\_\_\_\_)

**DEFINITION OF DISABILITY**

The Disability Discrimination Act 2010 defines a 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”. This includes impairments, lasting at least 12 months or likely to recur, to one or more of the following:

- Mobility
- Physical co-ordination
- Ability to carry, lift or otherwise move everyday objects
- Memory or ability to concentrate, learn or understand
- Manual dexterity
- Continenence
- Perception of risk or danger
- Speech, hearing or sight (not where sight is corrected by wearing spectacles or contact lenses)

The term impairment includes progressive conditions. Some examples of impairments or long term conditions which could be considered as a disability under this definition are set out below. It is intended as a guide and is not an exhaustive list:

Heart/circulation complaints	Epilepsy	Crohn’s Disease
Limited physical mobility	Arthritis	Severe allergies
Long term back/neck problems	Clinical depression (and some other mental illnesses)	Impairment to hearing speech or sight
Upper limb disorders (eg RSI)	Diabetes	Schizophrenia
Multiple Sclerosis	Muscular Dystrophy	Manic depressive illness

**Please note:** People with HIV, cancer and multiple sclerosis (MS) will be deemed to be covered by the DDA effectively from the point of diagnosis.

**Disability**

Do you consider yourself to have a disability in accordance with the Equality Act 2010?

Yes

No

## **APPLICATION FORM**

Please read the guidance notes on the first page before completing this part.

### **Section 1 - Job details**

Job Title: Office and Training Administrator

### **Section 2 - Personal Details**

Title:

(Mr/Mrs/Ms/Miss)

Surname

First or other names

Home Address:

Post Code

Email Address

National Insurance Number

Telephone numbers

Home

Work:

Mobile:

May we contact you at work?

**Section 3 - Employment history**

**Previous employment (most recent first). Account for any breaks in your employment since you left school**

**Current or last employment**

Name & address of employer	Job Title	from	to	Reason for leaving
Brief Description of Main Functions and Responsibilities				
Salary and other benefits				
Length of notice required				

Name & address of employer	Post held	from	to	Reason for leaving
Use an additional sheet if needed				

Do you need a work permit to work in the UK?    Yes                       No

If yes do you have one?    Yes                       No

**Section 4 - Education and Training**

<b>Secondary schools, colleges, university, etc attended</b>			
<b>Name &amp; address</b>	<b>from</b>	<b>to</b>	<b>Examinations passed</b>
Use an additional sheet if needed			

<b>Finance Qualifications</b>			
<b>Course subject or title</b>	<b>from</b>	<b>to</b>	<b>Source or provider</b>
Use an additional sheet if needed			

Please give details of continuous skill/professional development. Please include details of additional qualifications gained and/or membership of professional associations

Use an additional sheet if needed

Do you have a full current driving licence etc

Yes

No



## Section 5 - Supporting information and comments

Please provide any other information in support of your application, ensuring that you address all the requirements of the Person Specification in the order given.

Give evidence of relevant examples from work or in a voluntary capacity.

Use an additional sheet if needed

## Section 6 – Criminal Convictions and Relationships

Do you have any criminal convictions which are deemed unspent under the Rehabilitation of Offenders Act 1974? *(Please see separate guidance note attached).*

Yes                      No

If yes, please give details :- *(offence, date of conviction, outcome)*

Previous surnames/other names known by:

*NB – If you are successful in your application and you are applying for a job that provides substantial access to children and/or other vulnerable groups you will be required to apply for a standard or enhanced criminal records disclosure prior to appointment (level subject to post)*

Are you related to an Executive Member of the EALC or a member of Staff?

Yes    No

If yes, please specify the relationship

*If you try to influence councillors or officers about this application we will disqualify you.*

**Section 7 – References**

Referees should be your current and previous employers.

Please refer to the Guidance notes, point 5 for other circumstances.

Please give the names and addresses of two referees.

**Please tick the box below if you do not want us to get in touch with your present employer unless we offer you the job.**

Name	Name
Work Relationship	Work Relationship
Address	Address
Tel	Tel
Fax	Fax
e-mail	e-mail

**Data Protection Act 1998.**

*Some or all of the above data may be held on a database or relevant filing system. Any data held will be fairly and lawfully managed and processed for relevant personnel purposes and we will ensure the details are adequate, relevant, accurate, confidential and secure. Any processing will comply with the regulations and afford you your rights under legislation.*

*By completing and signing this document we note you are giving permission for the data to be so used by the Essex Association of Local Councils.*

**Declaration**

I understand that EALC may use the information I have given on this form to prevent and detect fraud. I confirm that to the best of my knowledge the information I have given above and in any document(s) I have sent with my application is correct. I understand that if I have given any false or misleading information this may be treated as gross misconduct and I may be dismissed without notice.

Signature .....

Date .....