



APPLICATION FORM	
Vacancy	Deputy Town Clerk

Westerham Town Council is an equal opportunities employer, and your application will be judged solely on merit.

If you require any assistance, please contact the Town Clerk to Westerham Town Council, Angela Howells, at [office@westerhamtowncouncil.gov.uk](mailto:office@westerhamtowncouncil.gov.uk)

The closing date for applications is **20<sup>th</sup> November 2023**.

**Please complete the form in full in black ink or type and use only A4 size paper for any continuation sheets.**

#### PERSONAL DETAILS

Surname:	
Forename(s):	
Preferred Title:	
Address	
Home Telephone Number:	
Mobile Number:	
Email Address:	

#### OUTSIDE INTERESTS AND NON-VOCATIONAL EXPERIENCE

Please give details of any outside interests or non-vocational experience which you feel may be relevant and will support your application.

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## REHABILITATION OF OFFENDERS ACT 1974

Please give details of any “unspent” convictions as defined by the Rehabilitation of Offenders Act 1974. Unless the nature of the position allows the Council to ask questions about your entire criminal record we will only ask about “unspent” convictions. A criminal record will not necessarily be a bar to obtaining employment with the Council.

## EDUCATION AND QUALIFICATIONS

Please give details of your education and qualifications obtained plus those currently being pursued, in chronological order.

Secondary School, College and/or University	Dates		Subjects studied and/or qualifications/grades obtained
	From	To	

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Please note that you will be asked to produce evidence of your qualifications.

**PROFESSIONAL AND TECHNICAL BODIES MEMBERSHIP**

Please give details of any relevant professional or technical bodies of which you are a member by examination or subscription and any CPD you have undertaken.

Name of Institute/Professional Body	Level of Membership	Year of Award

**TRAINING COURSES**

Please give details of any relevant short training courses, trade/professional training, Government training schemes or secondments you have completed.

Course Title and Duration	Provider	Date

<b>PRESENT OR MOST RECENT EMPLOYMENT</b>		

Employer:	
Address:	
Post Code:	
Job Title:	
Current/Final Salary	
Date Commenced:	
Leave Date/Notice Period Required:	

Please provide a brief description of the main duties and responsibilities of your current or most recent job. (Please attach a copy of the job description if you wish.)

Why do you/did you wish to leave your current/most recent job?

### EMPLOYMENT HISTORY

Please list all your previous employment history in chronological order using a separate sheet if necessary and please give reasons for any gaps in your employment history.

Name and Address of Employer	Employment Period		Job Title and Salary	Reason for Leaving
	From	To		

**RELEVANT EXPERIENCE AND OTHER SUPPORTING INFORMATION**

**GAPS IN YOUR EMPLOYMENT**

Please account for any gaps in your employment history.

The information you provide in this section is very important in assessing your application. Please give details of your knowledge, qualifications, experience and skills, relating them to the requirements of the job as laid out in the Job Description. Please continue on additional A4 sheets if necessary.

**PREVENTION OF ILLEGAL WORKING**

Are you eligible to work in the UK? Yes  No

Do you require a work permit for employment in the UK? Yes  No

The Council has legal obligations to ensure that you can work legally in the UK. Prior to taking up any employment you will be required to provide evidence of a passport and/or other relevant documents on the approved list to satisfy the Council that you comply with this requirement.

Are there any restrictions on your residing in the UK? Yes  No

**REFERENCES**

Please give details of two persons who we could contact and would be willing to supply a reference for you. We would prefer your referees to be your most recent employers including your current employer, if applicable.

Name:	Name:
Position:	Position:
Address:	Address:
Postcode:	Postcode:
Email Address:	Email Address:
Tel. No.:	Tel. No.:
Capacity known to you:	Capacity known to you:

References will be obtained and their authenticity checked if you are offered the appointment. Have you any objection to the references being obtained prior to interview?

Yes  No

## RELATIONSHIPS

Are you, to your knowledge, related to or have any relationship with an Elected or Co-opted Member or employee of the Council?    Yes     No

If "Yes", please provide details.

## DISABILITY DISCRIMINATION ACT 1995

Do you have a disability you wish us to know about?    Yes     No

If "Yes", to assist us in making the interview arrangements, please note below if you believe there are any reasonable adjustments we should be making.

## DECLARATION AND DATA PROTECTION ACT CONSENT

I declare that all the foregoing details given in this application are true to the best of my knowledge and understand that verification checks may be made. I also understand that if the information I have given is found to be untrue or misleading this will be sufficient grounds for disqualification from appointment or dismissal from any employment gained.

Signed \_\_\_\_\_ Date \_\_\_\_\_



## DATA PROTECTION CONSENT

I understand that the information given in this form will be processed only by the Council for the purpose of considering my application for employment and if I am successful in my application this form and the information in it will be retained in my personnel file for such time as I am an employee and for up to six years after the end of my employment. Otherwise, this form will only be retained by the Council for so long as it is required in connection with the application.

Under the Data Protection Act and GDPR you have specific rights including giving consent for the collection and processing of your personal data. Please see Council's Data Privacy Statement and Policy on our website for further information. Please indicate below whether you give consent for us to collect, record and process the personal data you have provided for the purposes of recruitment, selection and appointment.

- I give my consent.
- I wish to find out more information or to check what personal data is being collected and processed before giving my consent.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## NOTIFICATION OF VACANCY

How did you find out about this vacancy?

## ACKNOWLEDGEMENT AND RETURN OF COMPLETED FORM

When completed, please return the application form by **5pm Monday 20<sup>th</sup> November 2023 to:-**

Westerham Town Council  
Russell House, Market Square  
Westerham TN16 1RB



or email

[office@westerhamtowncouncil.gov.uk](mailto:office@westerhamtowncouncil.gov.uk)



Please mark the envelope or email “Confidential – Application for the post of Deputy Town Clerk. If you would like an acknowledgement of receipt, please enclose a stamped addressed envelope if submitting this application form by post.

### INTERVIEW ARRANGEMENTS

It is our intention that if you are selected for an interview, you will be notified during the week commencing 27th November 2023. Please provide details of any dates that you would be unable to attend an interview during the weeks commencing 4<sup>th</sup> December and 15<sup>th</sup> December 2023.

**Please continue for the equalities monitoring information**

## EQUALITIES MONITORING INFORMATION

Post Applied For:

The Council aims to be an equal opportunity employer and we want to treat everyone equally. The information requested below will enable us to determine whether or not we are achieving this aim. All information will be regarded as strictly confidential, will be kept separately and will in no way affect the outcome of your application for employment.

By completing and returning this form you are consenting to the sensitive personal data contained within to be used purely for statistical purposes and to be produced as evidence in any legal proceedings for discrimination against the Council.

Please tick the box you consider best describes your situation in each category.

### 1. Gender

Are you?

Male  Female  I prefer not to tell you   
Transgender

### What is your age?

16-29  30-44  45-59  60-74  75+   
I prefer not to tell you

### 2. Ethnicity

What is your ethnic group?

White British		Bangladeshi	
White Irish		Pakistani	
Any Other White Background		Indian	
White and Black Caribbean		Tamil	
White and Black African		Korean	
White and Asian		Any Other Asian Background	
Any Other Mixed Background		Caribbean	
Chinese		African	
Any other ethnic background		Any Other Black Background	
I prefer not to tell you			

### 3. Disability and Health

Do you have a long-term physical, mental health and health condition or disability?

Yes  No  I prefer not to tell you \*

What is the nature of your disability, mental health or other health issue?

Physical/Mobility  Sensory  Mental health  Learning

Other  I prefer not to tell you \*

\*It is important that we know of any special needs you may require should you be selected for interview and if subsequently appointed how this may impact on the job role and what, if any, adjustments will need to be explored with you.

**4. What is Your Religion or Belief?**

Christian  Buddhist  Hindu  Sikh

Jewish  Muslim  Atheist  Agnostic

Other  I prefer not to tell you

**5. What is Your Sexual Orientation?**

Heterosexual  Lesbian  Bisexual  Gay

Other  I prefer not to tell you

Thank you for taking the time to complete this form

Date: \_\_\_\_\_