

Vacancy title:

Closing date:

Ref. number:

School/
Establishment:

Application Form

for non-teaching/support posts

Barnet Council is committed to protecting and safeguarding children and vulnerable adults. We apply stringent safer recruitment practices.

Please ensure that all sections are completed (using black ink or type), following the instructions. If you are attaching a C.V. in addition to your application form please ensure that it relates to the Person Specification. All information that you provide will be treated as confidential. If you require any reasonable adjustments as part of the application or selection process please contact us.

1. About you

Title:

First names:

Previous names:

Surname:

Previous surnames:

National Insurance No.

Address:

Town:

Postcode:

Email:

Mobile:

Daytime telephone
number

Evening telephone
number

May we contact you at work?

Yes ☐

No ☐

Where did you see this vacancy advertised?
(publication/website)

Once completed, please return this form to:

Please send your application to the email or postal
address featured on the job for which you are
applying.

2. Employment history

Please list your current and all previous employers. Any gaps in employment must be explained and a continuation sheet used if required.

Employers' names, addresses and type of business	Job title, Key responsibilities, final salary and any allowances	Dates of employment		Reason for leaving
		From	To	

3. Other relevant experience

Please give details of any voluntary, unpaid or community work and also any experience/skills acquired outside of employment, including running your home and caring for dependants/family. Your experience should be related to the skills, abilities and knowledge outlined in the person specification and job description/role profile.

Type of experience	Dates

4. Education, qualifications and training – any gaps must be explained and a continuation sheet used if required.

Name of school, college, university etc.	Name of course	Dates		Qualification/grade achieved
		From	To	

5. Professional association membership

Name of professional association	Year of membership	Grade/level

6. Personal statement

Relevant abilities, skills, knowledge and experience

Tell us how you meet all of the short listing criteria set out in the enclosed Person Specification, drawing on all aspects of your education and experience, including paid employment and unpaid work.

Are you applying with a job share partner? Yes ☐ No ☐

Please specify hour/day arrangement

Are you required to have a UK work visa/permit? Yes ☐ No ☐

If yes, do you have a valid visa/permit? Yes ☐ No ☐

If yes, when does it expire? dd/mm/yyyy

Are you a foreign national or a UK resident who has lived or worked abroad for more than three months in the last five years?

Yes ☐ No ☐

If yes, you must obtain a Statement of Good Conduct (SOGC) from the Embassy of that country

Do you have a full current driving licence valid in the UK? Yes ☐ No ☐

7. References

Please give details of two referees from whom confidential enquiries may be made. Your referees should be from your current or most recent employer or your current educational establishment. References are normally taken up following interview. We reserve the right to contact any of your previous employers. Educational referees should only be given where this will be your first employment following qualification. If you are applying for a post which involves working with children or vulnerable adults you will be required to supply references which go back 5 years. Please attach these on a separate sheet.

Name of
referee:
Job title:

Name of
referee:
Job title:

Organisation:

Organisation:

Address:

Address:

Telephone:

Telephone:

Email:

Email:

Capacity in
which known
to you:

Please indicate if you do not want your referee to be contacted prior to offer ☐

Capacity in
which known
to you:

Please indicate if you do not want your referee to be contacted prior to offer ☐

8. Declaration

All applicants are required to declare personal relationships with existing Council employees and Council members. Canvassing of elected councillors or officers involved in the selection process directly or indirectly will automatically disqualify the applicant.

Any financial interests that applicants may have in contracts with the Council or pending Council tenders must be declared.

Are you related to, or a close friend of, any elected councillor or member of staff employed by Barnet Council? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you or any of your relatives party to an existing Council contract or involved in any competitive tendering process? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state their name and your relationship with them: Name: Relationship:	If yes, specify the contract details:

I certify that, to the best of my knowledge, the information I have provided on this form, and on my completed declaration of criminal offences form, is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment or may render me liable to dismissal without notice. I give explicit consent that the information provided by me on this form may be processed in accordance with the Council's registration under the General Data Protections Regulations (GDPR) and authorise the disclosure of personal data when references are taken up.

Signed – Applicant:

Date: dd/mm/yyyy

Please note that candidates who are shortlisted will be asked to fill out a self-disclosure form and will have an online search completed.

Please note that successful candidates will be required to sign their application form prior to appointment.

Diversity Monitoring Form

Barnet Council aims to have a workforce that reflects the diversity of talent, experiences and skills of our communities.

We monitor the composition of our workforce to ensure that it is representative and that all staff are treated fairly. In addition, we are committed to promoting race equality, under the Race Relations (Amendment) Act 2000, which applies to everything the Council does. The information you give on this form will remain strictly confidential, in accordance with the General Data Protection Regulations (GDPR), and will not affect any decision to employ you.

Name

Job ref

Post applied for

Are you applying on a job share basis?

Yes ☐ No ☐

Are you applying with a job share partner?

Yes ☐ No ☐

Do you currently work for Barnet?

Yes ☐ No ☐

If Yes, what is your Payroll number?

Where did you see this job advertised?

Date of Birth: dd/mm/yyyy

Age

☐ Under 20☐ 20-29☐ 30-39☐ 40-49☐ 50-59☐ 60 and over

Disability

The Disability Discrimination Act 1995 defines a disability as, 'A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. In this definition, long term is taken to mean more than 12 months and would cover long term illness such as cancer and HIV or mental health problems.

Do you consider that you have a disability under the Disability Discrimination Act definition?

Yes ☐ No ☐

If you have answered yes, do you require any reasonable adjustments to the interview process?

Yes ☐ No ☐

If yes, please could you provide details of these:

If you have answered 'Yes', please select the definition/s from the list below that best describes your disability/disabilities:

Hearing (such as: deaf, partially deaf or hard of hearing)	<input type="checkbox"/>	Reduced physical capacity (such as inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath, energy or stamina, asthma, angina or diabetes)	<input type="checkbox"/>
Vision (such as blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses)	<input type="checkbox"/>	Severe disfigurement	<input type="checkbox"/>
Speech (such as impairments that can cause communication problems)	<input type="checkbox"/>	Learning difficulties (such as dyslexia)	<input type="checkbox"/>
Mobility (such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis)	<input type="checkbox"/>	Mental illness (substantial and lasting more than a year, such as severe depression or psychoses)	<input type="checkbox"/>

Physical co-ordination (such as manual dexterity, muscular control, cerebral palsy)	<input type="checkbox"/>		
Other disability (please specify)	<input type="checkbox"/>		

Ethnicity

Asian or Asian British

☐ Bangladeshi

☐ Indian

☐ Pakistani

☐ Other

Black or Black British

☐ African

☐ Caribbean

☐ Other

Mixed

☐ White and Asian

☐ White and Black African

☐ White and Black Caribbean

☐ Other

Other

☐ Chinese

☐ Other

White

☐ British

☐ Greek

☐ Greek Cypriot

☐ Irish

☐ Turkish

☐ Turkish Cypriot

☐ Other

If you selected any of the 'Other' categories, please tell us how you would further describe yourself

Faith (Optional Information)

☐ Agnostic

☐ Hindu

☐ Sikh

☐ Atheist

☐ Humanist

☐ No religion

☐ Baha'i

☐ Jain

☐ Other faith (please specify)

☐ Buddhist

☐ Jewish

☐ Christian

☐ Muslim

Gender

☐ Female

☐ Male

Sexuality (Optional Information)

☐ Bisexual

☐ Gay

☐ Heterosexual

☐ Lesbian

In addition, if you prefer to define your sexuality in terms other than those used above, please let us know.

Declaration:

I have completed the details required in this document and declare to the best of my knowledge the information given is correct. I consent to it being held on file under the terms of the General Data Protection Regulations (GDPR).

Signed - Applicant:

Date (dd/mm/yyyy)

Please note that successful candidates will be required to sign their application form prior to appointment.

For office use only

☐ Application withdrawn

☐ Post withdrawn

Shortlisted

Yes ☐ No ☐

Appointed

Yes ☐ No ☐