

Application form for the position of Finance and Admin. Support Officer

**This form must be completed and submitted using Word or compatible software – completed forms to Mr G E Diaper, Town Clerk –
townclerk@woodbridge-suffolk.gov.uk**

Your details

Name:

Address:

Postcode:

Phone:

Email:

Education and training

Please give details:

Qualifications

Please give details:



WOODBIDGE TOWN COUNCIL

Town Clerk: Mr G E Diaper

Shire Hall, Market Hill, Woodbridge, Suffolk IP12 4LP

Telephone: 01394 383599 | Email: townclerk@woodbridge-suffolk.gov.uk | Website: woodbridge-suffolk.gov.uk

Employment history

Your current or most recent employer

Name of employer:

Address:

Postcode:

Job title:

Pay:

Length of time with employer:

Reason for leaving:

Duties:

Previous employers (from 2005 onwards)

Please tell us about other jobs you have done and about the skills you used or learned in those jobs. If there are significant gaps in your employment history please explain those gaps.

Supporting statement

Please tell us why you applied for this job and explain your suitability for the role in regards to the job description and person specification. Applicants will be shortlisted for interview against this statement.

Interview arrangements and availability

If you have a disability, please tell us if there are any reasonable adjustments we can make to help you in your application or with our recruitment process.

Are there any dates when you will not be available for interview?

When would you be able to start working for us?

Right to work in the UK

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

References

Please give the names and contact details (including business/home and email addresses and telephone numbers) of two people who we can ask to give you a reference. One should be your current or most recent employer. We may ask them before an employment offer is made. We will not ask your current employer until we get your permission.

Referee 1 This MUST be your current or most recent employer

Referee 2 This MUST be a different employer (If you have been in the same organisation for the poast ten years this can be a different manager with whom you have worked)

Declaration

I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my dismissal.

Name:

Signature:

Date:

Equal Opportunities Monitoring Form

Woodbridge Town Council are committed to equal opportunities in our recruitment process and in order to find out how well we are doing with this, we need to collect monitoring data. This monitoring form is voluntary but the information we collect here is very useful to us as it helps us to make sure that we are an inclusive employer and to find out if our workforce is diverse. The information you supply on this form will be kept confidentially. The monitoring form is not sent to the recruiting panel and has no part in the shortlisting process.

Please return the completed form by email.

Sex Male Female Prefer not to say

Are you married or in a civil partnership? Yes No Prefer not to say

Age 16-29 30-39 40-49 50-59 60-69 70+
Prefer not to say

Gender reassignment Is your gender the same as the sex assigned to you at birth?
Yes No Prefer not to say

What is your sexual orientation ?

Heterosexual Gay Lesbian Bisexual
Other, please specify Prefer not to say

What is your ethnicity

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English Welsh Scottish Irish Gypsy or Irish Traveller
Any other white background

Mixed/multiple ethnic groups

White/Black Caribbean White/Black African White/Asian

Any other mixed background

Asian/Asian British

Indian Pakistani Bangladeshi Chinese
Any other Asian background

Black/ African/ Caribbean/ Black British

African Caribbean
Any other Black/African/Caribbean background

Other ethnic group

Any other ethnic group, please write in

Prefer not to say

Disability The Equality Act 2010 defines a disabled person as *someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities*. Do you consider yourself to be disabled?

Yes Please specify.....

No Prefer not to say

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish

Muslim Sikh If other religion or belief, please specify

Prefer not to say

What is your current working pattern?

Full-time Part-time Prefer not to say