

AYLSHAM TOWN COUNCIL

Council Office, Town Hall, Market Place, Aylsham, Norfolk NR11 6EL. Tel.. – 01263 733354 (09:30 to 3:30) Email – townclerk@aylsham-tc.gov.uk Website – www.aylsham-tc.gov.uk

APPLICATION FORM FOR EMPLOYMENT STRICTLY CONFIDENTIAL

This application form is an integral part of or selection procedure. It has been designed to enable you to give us a meaningful written representation of yourself and your career interests. Please complete the form as accurately and completely as possible.

Position Applied for COMMUNICATIONS OFFICER

Deve evel Detaile	
Personal Details	F
Mr/Mrs/Ms/Miss: Surname:	Forenames:
Address:	
	Postcode:
Email Address:	
National Insurance Number:	
Telephone numbers (inc. code):	Do you have access to a car?
Work:	Yes 🖵 No 🖵
(Will only be used if necessary and with discretion)	
Home:	Driving license details:
Mobile:	Details of any endorsements:
Is your ability to perform the particular job for which you are	applying limited in any way? Yes 🖵 No 🖵
If yes, how can we overcome this?	
NB: It may be necessary as a result of the medical questionn	aire for some candidates to undergo a medical examination.
Are you legally eligible for employment in the United Kingdo	
Do you require a work permit to work in the United Kingdon	n? Yes 🗖 No 🗖
Referees	
Please give details of two referees. If you have been employed	
	within the last five years one of these must be an employer who
	within the last five years, one of these must be an employer who
	e in relation to the post in question. (Character references on their
own are not sufficient unless you have been unemployed for mo	e in relation to the post in question. (Character references on their
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Education, Training, Qualifications and Experience			
Secondary Education	From:	To:	Qualifications Gained:
(please detail exams taken and results obtained)	FIOIII.	10.	Qualifications Gained.
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(Please continue on a separate sheet if necessary)	East at	-	
Higher Education	From:	To:	Qualifications Gained:
(please detail exams taken and results obtained)			
(Please continue on a separate sheet if necessary)			
Other courses or training undertaken which you consider			
relevant to the position applied for:			
(Please continue on a separate sheet if necessary)			
Please give details of experience/skills acquired where no	formal qualific	ation has been	gained
			-
Any other qualifications/membership of professional institut	tions		
(Please only list information which you feel is relevant to th	e post applied	d for)	
		,	

Employment and Career History						
Current Post						
Name of Employer:						
Address of Employer:						
			Postco	nde.		
Telephone Number:				n Held:		
			FUSILIO	in neiu.		
			Desser			
Date Appointed:			Preser	nt Salary	/.	
Please gives a brief description of your cu	irrent duties	S:				
(Please continue on a separate sheet if necessary)						
Period of Notice required for present post						
Career History (most recent first)						
Name and address of employer and	Salary:	From	: To	0:	Brief description of	Reason for leaving:
nature of business:	,				position held and	5
					responsibilities:	
(Please continue on a separate sheet if necessary)		1				1

NB: If you are applying for a job supervising, caring for, or otherwise connected with children, the elderly, those suffering from a mental disorder, serious illness, injury or congenital deformity, you must always declare any conviction for a criminal offence as the protection offered by the Rehabilitation of Offenders Act 1974 does not apply. For other jobs, only those convictions that are not "spent" need to be declared. **This post is subject to a Disclosure & Barring Service (DBS) check.**

Details of convictions (state "none" if appropriate):

What are your reasons for applying for this post?

Hobbies a	and Leisure	Interests
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Where did you see this position advertised?

Declarations

A candidate must disclose whether, to their knowledge, they are related to any Member of the Town Council, or to an employee of the authority. Are you related to a Member or employee of the Council? Yes No I fyes, please state name and relationship:

Canvassing of members, directly or indirectly, for any employment or contract under the Council shall disqualify the candidate for such appointment.

To the best of my knowledge, the information I have given is correct. I understand that giving false information or omitting to give			
relevant information could disqualify my application and, if I am appointed, could lead to my instant dismissal.			
Signature of Applicant:	Date:		

Please return this form in an envelope marked "Confidential - Job Application" to: Aylsham Town Council, Council Offices, Town Hall, Market Place, Aylsham, Norfolk NR11 6EL or by e-mail to townclerk@aylsham-tc.gov.uk

By 19th February 2024

For Office Use Only:

Short Listed for Interview?

If not, give brief reasons:

Yes 🗖 No 🗖