



POST APPLIED FOR		VACANCY NUMBER	
Internal Candidate	External Candidate	Where vacancy seen	
1. PERSONAL DETAILS			
Title	Surname	First name	
Preferred name			
Address			
Mobile phone	How you would prefer to be contacted		
Email			
National Insurance Number			
2. REHABILITATION OF OFFENDERS			
Do you have any convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended 2013)			
Yes / No - If "yes", describe the offence and date of conviction.			
The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers and cannot be taken into account.			
All guidance and criteria on the filtering of these cautions and convictions can be found in the DBS Filtering collection (https://www.gov.uk/government/collections/dbs-filtering-guidance)			
3. RELATIONSHIPS			
Are you related to any Councillor or Officer of this Council? If yes, please give details (e.g. name, position held, and relationship). Please note that Canvassing of Councillors or Senior Officers shall lead to disqualification.			
Yes / No			
Details			
4. RIGHT TO WORK IN THE UK			
Are there any restrictions to your residence in the UK that might affect your right to take up employment?		Yes / No - If "yes" give details	
Do you need a work permit to work in the UK?		Yes / No	
5. REFERENCES			
Please give two referees who can comment on your professionalism / work ability, one of whom should be your present / most recent employer. Referees will not be contacted without your explicit consent following an interview.			
Reference 1		Reference 2	
Name		Name	
Job title		Job title	
Organisation		Organisation	
Address		Address	
Email		Email	

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6. EDUCATION

School	Qualifications Gained

7. PROFESSIONAL QUALIFICATIONS / MEMBERSHIP OF PROFESSIONAL BODIES

Full Details of Professional Qualifications and the date you achieved them. We encourage you to include all of your qualifications (for example they may not be work related – First Aider, Holiday Spanish, Run Leader)

Qualification			
Date Studied		Where studied	
Qualification			
Date Studied		Where studied	
Qualification			
Date Studied		Where studied	
Qualification			
Date Studied		Where studied	
Qualification			
Date Studied		Where studied	
Qualification			
Date Studied		Where studied	

8. CURRENT EMPLOYMENT

Are you currently Employed or Unemployed (if unemployed give details of last employment below)

Name of employer			
Address			
Job title			
Date Appointed		Date Terminated	
Latest Salary/Scale		Length of notice	
Summary of main duties / purpose of job. Please also include your key achievements.			

9. PREVIOUS EMPLOYMENT

Starting with the most recent. Please cover the last 10 years. Continue a separate sheet if necessary.

Name of employer			
Job Title			
Final salary/Scale			
Reason for leaving			
Period of Employment	Month and Year:	To	Month and Year:
Name of employer			
Job Title			
Final salary/Scale			
Reason for leaving			
Period of Employment	Month and Year:	To	Month and Year:
Name of employer			
Job Title			
Final salary/Scale			
Reason for leaving			
Period of Employment	Month and Year:	To	Month and Year:
Name of employer			
Job Title			
Final salary/Scale			
Reason for leaving			
Period of Employment	Month and Year:	To	Month and Year:
Name of employer			
Job Title			
Final salary/Scale			
Reason for leaving			
Period of Employment	Month and Year:	To	Month and Year:
Name of employer			
Job Title			
Final salary/Scale			
Reason for leaving			
Period of Employment	Month and Year:	To	Month and Year:
Name of employer			
Job Title			
Final salary/Scale			
Reason for leaving			
Period of Employment	Month and Year:	To	Month and Year:

10. REASONS FOR APPLYING

Please explain why you are applying for this post – you may wish to consider the Council's Values – our 3Cs – which are **Clear, Committed and Confident**.

Carlisle City Council offer all employees 3 days voluntary leave per year. If you had the opportunity, what would you do and how would this benefit yourself and the local community.

11. RELEVANT EXPERIENCE / SKILLS

Please give details of any achievements, career plans or particular areas of work experience (including voluntary work), which you feel are most relevant to this post. Continue on a separate sheet if necessary.

12. INTERESTS / LEISURE ACTIVITIES

13. GDPR

The Council of the City of Carlisle complies with the General Data Protection Regulation (EU) 2016/679 and the Data Protection Act 2018. The information provided will be held securely for the purpose of administering your application and any subsequent work. Your personal information will not be used for any other purpose nor will it be shared with any third parties. Applicants are required to read the Council's Privacy Notice, which is available at www.carlisle.gov.uk, or on request.

14. DECLARATION

I declare to the best of my knowledge the information on this application is true and accurate. I understand that any false statements or failure to disclose any information requested on this form may result in my application being disqualified. Discovery after appointment may lead to dismissal without notice or disciplinary action.

I have read the Council's Privacy Notice and understand how and why my information will be processed for the purpose of the recruitment process, and I understand my rights associated with the Council processing my personal data.

Signed		Date	
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Please note that if application is sent by email you will be required to sign form if selected for interview.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.



EQUAL OPPORTUNITIES MONITORING

At Carlisle City Council we monitor our recruitment processes to ensure that all applicants are fairly assessed and that we meet our obligations under the various Acts of Parliament and related Codes of Practice concerned equality. Please help us to carry out this monitoring by answering the questions below. They are placed on a separate page to the application form to emphasise that they relate only to monitoring

This page will be detached and will not form part of the selection procedure. Data will be used for statistical purposes, and if successful will be held on your personal record. Please tick appropriate boxes.

Full Name:

National Insurance Number

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Sex

- Male Female

Gender

Is your gender identity the same as the gender you were assigned at birth?

- Yes No Prefer not to say

Preferred Title

- Mr Mrs Miss Ms Other

Relationship Status

- Married Single Separated/Divorced
 Civil Partnership Co-habiting Widowed

Ethnic Origin (Please tick the box that you feel best describes your ethnic origin)

White:

- British (English, N Irish, Scottish, Welsh)
 Irish
 Gypsy or Irish Traveller
 Any other white background (please specify)

Asian/Asian British:

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background (please specify)

Mixed/Dual Heritage:

- White & Black Caribbean
 White & Black African
 White & Asian
 Other mixed background (please specify)

Black/Black British:

- Caribbean
 African
 Any other black background (please specify)

- Prefer not to say**

Disability

Do you consider yourself to have a disability/impairment under the Equality Act 2010?
 (See Note 1 overleaf)

- Yes No Prefer not to say

Age Range

- 16-24 25-35 36-45 46-64 65+

Date of Birth

Faith/Religious Belief

- Christianity Buddhism Hinduism
 Judaism Islam Sikhism
 No religion Other religion Prefer not to say

Sexual Orientation

- Heterosexual Homosexual Bisexual
 Other Prefer not to say

Please state where our advertisement was first seen _____

NOTE 1: CRITERIA FOR CLASSIFICATION AS DISABLED UNDER THE DISABILITY DISCRIMINATION ACT

Equality Act 2010 defines that a person has a physical or mental disability/impairment if it has a substantial and long-term adverse effect on his / her ability to carry out normal day to day activities.

Long term is usually defined as a year or longer.

Impairment may affect:

- mobility;
- manual dexterity;
- continence;
- ability to lift, carry or otherwise move everyday objects;
- memory or ability to concentrate, learn or understand; or
- perception of the risk of physical danger.
- speech, hearing or eyesight (but see below)

(If a person's sight is corrected by wearing spectacles or contact lenses, this is **not** regarded as a disability.)

These notes are for guidance only.



NOTE 2: DATA PROTECTION

The information you supply on the application form will be used to assess your suitability for the post applied for (or another relevant post). These details will only be disclosed to those persons involved in the selection process or Personnel & Payroll administration.

Carlisle City Council will retain the forms of unsuccessful applicants for 9 months – in accordance with current guidance.

Should you be successful, certain details from this form may be checked, and data matched to help prevent fraud. Some of the information will be entered into the Personnel Computer System, which will allow Carlisle City Council to administer your employment. This form will then be placed into your Personnel file and retained until after you complete your employment with Carlisle City Council – for as long as legislation dictates.

Please be assured that Carlisle City Council will protect your information and treat as confidential at all times.