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| **APPLICATION FORM** |

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| **BURY ST EDMUNDS TOWN COUNCIL** | **APPOINTMENT OF A RESPONSIBLE FINANCE OFFICER/ASSISTANT TOWN CLERK** |

Bury St Edmunds Town Council is an equal opportunities employer, and your application will be judged solely on merit and irrespective of ethnic origin, race, colour, gender, disability, age, trade union activity, marital status, religion, belief or sexual orientation or any other protected characteristic. Please answer all the questions in this form honestly and truthfully and read and sign the declaration and consents at the end of the form to provide the best chance of obtaining an interview. If you require any assistance, please call 01284 725111. towncouncilmail@burystedmunds-tc.gov.uk **Please complete the form in full in black ink and use only A4 size paper for any continuation sheets.**

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| **PERSONAL DETAILS** |

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| Family Name:Forename:Preferred Title:Address:Postcode:Home telephone number: Work telephone number:Mobile number:Email address: |

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| **OUTSIDE INTEREST 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.

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| **EDUCATION AND QUALIFICATIONS**  |

Please give details of your education and qualifications obtained plus those currently being pursued.

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| Secondary School, College and/or University. |  From To | Subjects studied and/or qualifications/grades obtained |
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Please note, you may be asked to produce evidence of your qualifications.

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| **TRAINING COURSES** |

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

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| Course Title & Duration | Provider | Date completed |
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| **PRESENT OR MOST RECENT EMPLOYMENT** |

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| Employer:Address:Postcode:Job title:Current or Final Salary:Date commenced:Leave date or notice period: |

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

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

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| **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.

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| Name & Adress of Employer | From To | Job title & salary | Reason for Leaving |
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| **RELEVANT EXPERIENCE AND OTHER SUPPORTING INFORMATION** |

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

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| **PREVENTION OF ILLEGAL WORKING** |

Are you eligible to work in the UK? Yes No

Do you require a work permit to take up 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 the requirement.

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

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| **DRIVING LICENCE** |

Do you hold a current driving licence? Yes No If ‘yes’ please state type of licence you hold.

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Are you a car owner or do you have a car at your disposal? Yes No

Do you have any current endorsements? Yes No If ‘yes’ please specify

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| **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.

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| Name:Position:Address:Post code:Email:Telephone no:Capacity known to you: | Name:Position:Address:Post code:Email:Telephone no:Capacity known to you: |

Have you any objection to the references being obtained prior to interview? Yes No

References will be obtained and their authenticity checked if you are offered the appointment.

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| **RELATIONSHIPS** |

Are you, to your knowledge, related to or have any relationship with an elected or co-elected member or employee of the Council? Yes No If ‘yes’ please give details.

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| **DISABILITY DISCRIMINATION ACT 1995** |

Do you have a disability you wish us to know about at this stage? 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.

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| **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: Dated:

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| **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 the Councils 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 purpose of recruitment, selection and appointment.

 Yes, I give my consent.

 I wish to find out more information or to check what personal data is being collected and

processed before I consent.

Signed: Dated:

**Please return the completed application and monitoring form either by email to** **jodie.budd@burystedmunds-tc.gov.uk** **or by post to 79 Whiting Street, Bury St Edmunds, Suffolk. IP33 1NX. Please mark all correspondence as PRIVATE AND CONFIDENTIAL.**

**Applications must be received by 5pm on Monday 29 September 2025.**