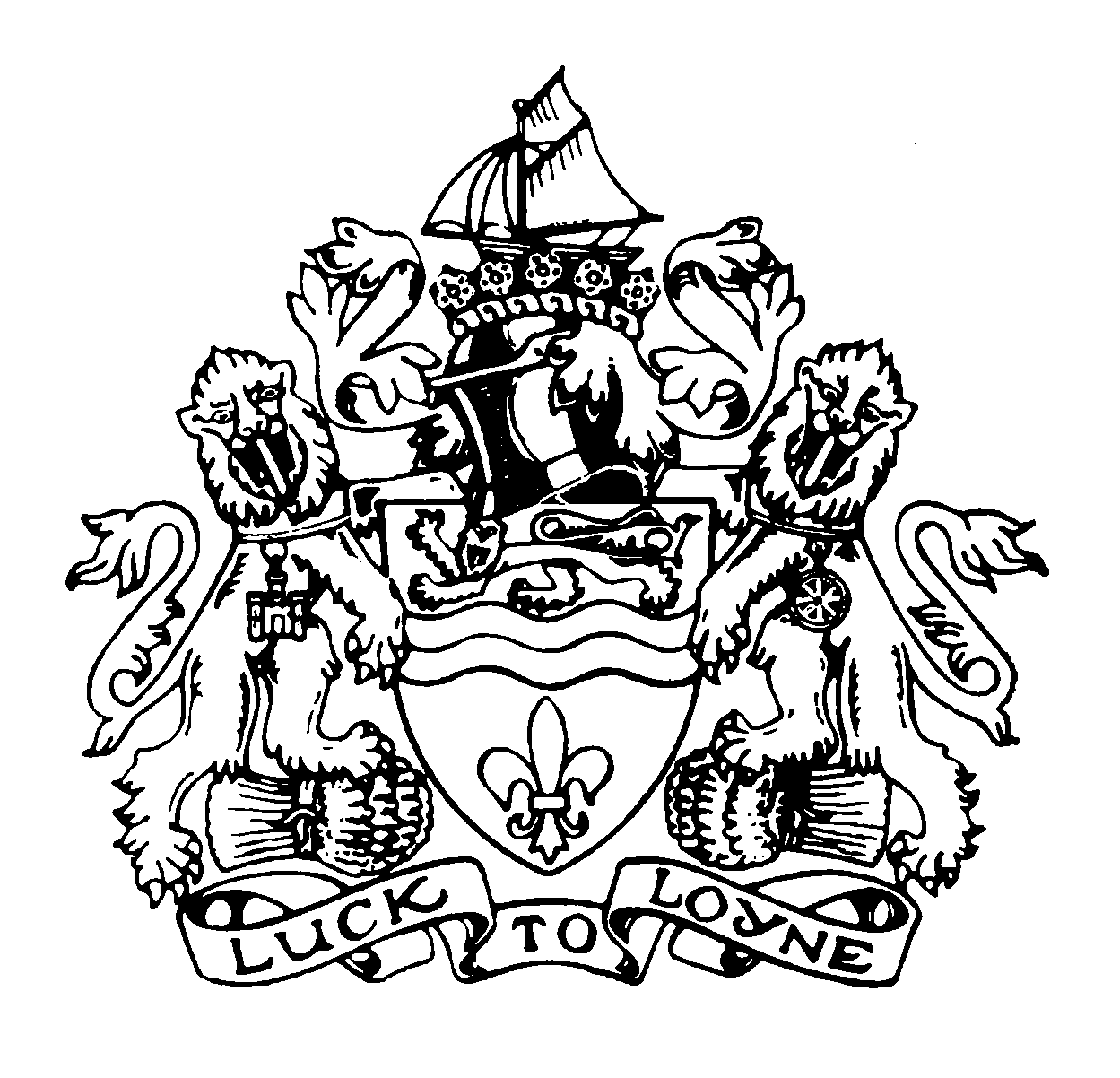
**APPLICATION FORM**





|  |
| --- |
| **FOR OFFICE USE ONLY:**  **Please refer to the Application Form Guidance**  **Notes prior to completing this form.** |
| **APPLICANT NO.** |

**Vacancy Details**

|  |
| --- |
| Post Applied for : INDEPENDENT REMUNERATION PANEL MEMBER |

**WORKING TOWARDS EQUALITY FOR ALL SECTIONS OF THE COMMUNITY**

**Personal Details**

|  |  |
| --- | --- |
| Name:  Address:  Postcode | Telephone (home) :  Telephone (work):  Mobile:  Email: |
| National Insurance No:   Do you hold a current Driving Licence? Yes  No  | |

**Education** (Secondary School)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dates | | School Attended | Qualifications obtained or to be taken | Results  (incl. Grades) | Date Obtained |
| From | To |
|  |  |  |  |  |  |

**Education** (Further and Higher Education)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dates | | College/University Attended | Qualifications obtained or to be taken | Results  (incl. Grades) | Date Obtained |
| From | To |
|  |  |  |  |  |  |
| Membership of Professional Bodies: (include grade/status of membership) | | | | | |

**Training** (Details of any other training or qualifications e.g. short courses, NVQ’s etc).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | | Duration of Course | Organising Body | Course Title (including any Qualifications obtained) |
| From | To |
|  |  |  |  |  |

**Present Employment** (Or most recent employment – paid or voluntary)

|  |  |
| --- | --- |
| Name & Address of Employer:  Post Code: | |
| Position: | Date appointed |
| Brief Outline of Duties and Responsibilities: | |

**Previous Employment** (In date order, starting with the most recent first)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | | Employer | Position Held | Reason for Leaving |
| From | To |
|  |  |  |  |  |

**General Information in Support of Application** (use extra sheets if necessary). Please give details of past experience you have gained paying particular attention to how your experience, knowledge and personal qualities match the requirements set out in the Information Pack. This information will be used in the shortlisting process and therefore plays an essential part in the selection procedure.

|  |
| --- |
|  |

**Referees**. You are required to provide the names of two referees. If you are shortlisted for a position we **may** apply for references prior to the interview. If you are offered a position we will **automatically** contact your referees. If you do not wish your referees to be contacted prior to the interview please cross the boxes below.

|  |  |
| --- | --- |
| Name:  Designation:  Address:  Post Code:  Telephone No.:  Email:   | Name:  Designation:  Address:  Post Code:  Telephone No.:  Email:   |

# Rehabilitation of Offenders

Are there any criminal offences for which you have been convicted, other than those which are spent under the Rehabilitation of Offenders Act 1974? If YES, please give details

Yes  No 

# Applicants with Disability

**Equality Act 2010**

The Equality Act 2010 defines a person is disabled if they have 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. We welcome applications from people self-assessed as being disabled and guarantee an interview to those who meet the essential job criteria.

Do you consider yourself to have a disability?  YES/NO

If you have selected 'Yes' please detail any special arrangements you will require should you be invited to interview.

**Canvassing**

Are you related to any Councillor or employee of Lancaster City Council? If so, please give details.

**Declaration**

I declare that the information I have given on this form is correct and understand that if appointed, I will be liable to disciplinary action including dismissal and/or criminal action should I knowingly give false information.

I give my permission for this personal information to be stored and processed for the purpose of arriving at a selection decision. I also give permission for the information provided to be used to form the basis of personnel records should I be appointed.

Signature: Date:



**Please return your completed application form to:**

**Senior Manager, Democratic Support and Elections, Lancaster City Council, Town Hall, Lancaster, LA1 1PJ**

