

PRIVATE AND CONFIDENTIAL

Personal Details

Title _____ Surname _____
Forenames _____ N.I. Number _____
Date of Birth _____ Age _____

Are you in receipt of an occupational pension? Y N

If you were made redundant from a previous position in Local Government please give details.

Declaration

Data Protection

If you are successful in your application, Town Centre Activities Ltd will use the information you have provided on this form for personnel record and payroll purposes. We may share your information with other departments within the Authority. You have the right to ask for a copy of the information held by us in our records in return for payment of a small fee. You also have the right to require us to correct any inaccuracies in your information.

I declare that to the best of my knowledge the information contained on this form is true and accurate. I accept that false information or omission may lead to dismissal without notice.

Signature _____ Date _____

EQUAL OPPORTUNITIES QUESTIONNAIRE

Town Centre Activities Ltd is an Equal Opportunities employer and all applicants for jobs in the service of the company will receive equal treatment irrespective of race, colour, nationality, ethnic or national origins, religion, sex, sexuality, marital status, age or disability.

To help the company to monitor the effectiveness of the policy on Equality of Opportunity in Employment, please provide the information requested below.

This information will be kept in strict confidence and used for statistical purposes only.

Thank you for your co-operation.

Sex

Female Male

Marital Status

Single Married

Do you have a disability?

Yes No

Please show your ethnic origin by ticking one of the boxes below

White

Irish

Black African

Black Caribbean

Black Other Please specify _____

Indian

Pakistani

Bangladeshi

Chinese

Other group (please specify): _____

PERSONAL DETAILS (COMPLETE THIS SECTION IN BLOCK CAPITALS)

Post Applied For:

Surname:

Initials:

Address:

Do you hold a current full driving licence? Y N Does your licence have penalty points or endorsements? Y N

If yes, please give details:

Postcode:

Home Telephone:

Business Telephone:

Notice period for current job:

PART TIME EMPLOYMENT

Are you applying for the post on a part-time basis?

Y N **QUALIFICATIONS (Graduate applicants should not enter school qualifications)****SECONDARY SCHOOL QUALIFICATIONS**

Qualification	Grade	Subject	Date gained	Qualification	Grade	Subject	Date gained

FURTHER & HIGHER EDUCATION QUALIFICATIONS

Name of Institute / College	Qualification	Subject	Date Gained

PRESENT EMPLOYMENT (OR MOST RECENT EMPLOYMENT)

Name and address of Employer:	Job Title:	
	Date started:	Date left: (if applicable)
Nature of business:	Salary and other benefits:	Grade:

Main duties and responsibilities:

PREVIOUS EMPLOYMENT

List in order, with most recent first, and include any periods of unemployment. For the purposes of calculating reckonable service for annual leave and other entitlements please ensure exact dates of all previous local authority employment are listed.

Name and Address of Employer	Job Title and Main Responsibilities	Date from Day/Month/Year	Date from Day/Month/Year	Reason for leaving

ADDITIONAL INFORMATION

State any information which you feel is **RELEVANT** to your application. (e.g. training, personal qualities, achievements at work, non-work related or voluntary work experience). Use additional sheet if required.

DISABILITY

Town Centre Activities Ltd welcomes applications from disabled candidates and offers a guaranteed interview to those who meet the minimum requirements for the vacant post.

Do you consider yourself to have a disability? Y N

If yes, what, if any, type of aids, adaptations, equipment or special arrangements would you require to help you to do this job?

REFERENCES

(Please give the names of two referees who have knowledge of your work, one of whom should be your present employer. If you are currently not working one referee should be your last employer.)

Name:

Name:

Occupation:

Occupation:

Address:

Address:

Telephone No.

Telephone No.

May we contact your present employer for a reference before any job offer is made to you? Y N

HM 34: Function Based Pre-employment Questionnaire

Read this carefully before completing this form

Please complete this form and return it with the application form. Please be aware that at the end of this form you will be asked to declare that all the statements you make are true to the best of your knowledge and state that in the event of your being employed and it subsequently being shown that medical information was not disclosed by yourself, or was found to be misleading or false, your employment may be terminated.

(To be completed by Applicant)

Mr/Mrs/Ms.....
 Surname.....
 First names.....
 National Insurance Number

Home Address

.....

Telephone numbers (Inc STD) Home.....Work.....Mobile.....
 Sex: (please delete): Male/Female
 Height

Weight

Post Applied For

Service

Most Recent Occupation (include any particular hazards e.g. exposure to chemicals etc)

Please tick as appropriate

		Yes	No
Are you currently in good health?			
Have you had more than a total of 10 days off work in the last two years?			
Have you been signed off work by your GP within the last two years?			
Please provide dates and duration of all absences from work within the past two years			
Dates of absence	Duration of absences (days)		
Have you ever left, or been denied, a job on health grounds?			
Have you ever been denied a driving licence on health grounds?			
Do you consider yourself to be disabled?			
Are you Dyslexic or do you have specific learning difficulties?			
Have you any disabilities affecting standing, walking, lifting, driving, stair climbing or the use of your hands?			
Have you any disabilities affecting your hearing which cannot be corrected by the use of a hearing aid?			

Have you any disabilities affecting your sight which cannot be corrected by the use of spectacles or contact lenses?		
Have you experienced any problems from using display screen equipment or computers?		
Have you experienced any problems in confined spaces or using lifts?		
	Yes	No
Have you experienced any particular problems with your memory, mood and ability to concentrate, or understand?		
Have you experienced any particular problems coping with stressful situations, such as working to demanding time lines or under other pressures?		
Have you ever been or are you being treated for abuse of an addictive substance including alcohol or illegal drugs?		
Have you seen a Specialist or been admitted to hospital within the last two years?		
Are you attending an out patient clinic?		
Are you waiting to see a Specialist or attend a hospital appointment?		
Are you currently recovering from an operation, illness or accident? Please provide details of any illness, operation or injury that has caused you to be off work for more than four weeks or has caused recurring medical problems.		
Are you taking any prescribed medicine?		
Do you drink alcohol. If yes, how much wine/beer/spirits do you drink in a week?		
Do you smoke? If yes, how many cigarettes or tobacco products do you smoke in a day?		
Have you been refused or dismissed from employment for health reasons?		

Do you have, or have you ever had any of the following. If yes, please give full details, including dates:			
	YES	NO	DETAILS
Diabetes			
Heart, circulation or blood pressure problems			
Asthma, bronchitis or other chest complaints			
Epilepsy or fits			
Skin disease or allergies			
Migraine, frequent headaches, blackouts, giddiness or fainting attacks			
Chest infections, pleurisy or tuberculosis			
Back injury, strain or pain			
Neck, shoulder and/or bone injury, strain or pain			
Joint injury, strain or pain including arthritis or rheumatism			
Hepatitis, jaundice or other blood-borne infections or blood disorders			
Depression, nervous upset or psychiatric or psychological illness/diagnosis			
Tonsillitis, sinusitis or ear, nose or throat infections			
Gynaecological or prostate problems			
Varicose veins			
Stomach or bowel problems including, for example, hernias, ruptures or ulcers			
Thyroid or other glandular problems			
Bladder, kidney or liver problems			
Any other illness, disease or condition not detailed above?			

Statement

1. I declare that all the foregoing statements are true to the best of my knowledge. I accept that in the event of my being provided with work and it is subsequently shown that the information disclosed by me has been misleading or false, that the employer may terminate my employment without notice.
2. I understand that I may in confidence be requested to complete a full medical questionnaire, which will be completed in confidence and reviewed by the Occupational Health Service.
3. I understand that Town Centre Activities Ltd may refer me to the Occupational Health Service for possible consultation and physical examination.

4. I consent to this information being held by the company and this information may be processed, computerised, stored and linked to other personnel data held by the company.

Signed :Date.....

CRIMINAL CONVICTIONS DECLARATION FORM

REHABILITATION OF OFFENDERS ACT 1974 (EXCLUSIONS AND EXCEPTIONS) (SCOTLAND)
ORDER 2003 AS AMENDED

T.C.A. SAFE
LOCAL
ACCESSIBLE

1 ADVISORY NOTE Read Carefully

(A) (i) CANDIDATES PREVIOUSLY CONVICTED OF A CRIMINAL OFFENCE

(a) EXCEPTED POSTS (i.e. posts to which The Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003 as amended, applies).

If you have applied for such a post, you will have been notified that the terms of the "Exceptions Order" to the above Act apply to this post.

This means that for the purpose of applying for this post, you are NOT ENTITLED to withhold information on a criminal conviction on the grounds that it is "spent" or forgotten under The Rehabilitation of Offenders Act 1974.

You are therefore required to provide an honest and true declaration below. (Convictions within the armed services outwith the United Kingdom and by certain professional bodies must also be included.)

(b) ALL OTHER POSTS (i.e. posts to which The Rehabilitation of Offenders Act 1974, applies).

The terms of the above Act mean that for the purpose of applying for this post you MAY BE ENTITLED to withhold the information on a criminal conviction on the grounds that it is "spent" or forgotten following a period of rehabilitation as detailed in The Rehabilitation of Offenders Act 1974 (see overpage).

Convictions within the Armed Services; outwith the United Kingdom or disciplinary action by certain professional bodies should also be included below - unless they are regarded as "spent" under the Act.

(ii) CANDIDATES WITH NO PREVIOUS CONVICTIONS

Candidates with no previous convictions and with no criminal court case(s) pending should also complete the relevant sections below.

(B) Please note that the questions below have been specifically excluded from job application forms to protect confidentiality and that if you answer "YES" to the declaration(s), the subsequent details that you supply in Section 3 below, will be treated in strict confidence and will not automatically exclude you from further consideration for this or any other post.

(C) If you are in any doubt as to the correct answers to be given, it is recommended that you take advice from a suitable person, e.g. Solicitor, Trade Union Representative, Citizen' Advice Bureau or contact Town Centre Activities Ltd

2 DECLARATION Read the advisory note above before answering the declaration.

(a) Have you ever been convicted of a criminal offence?

YES/NO _____

(b) Do you have a court appearance pending or have you been charged by the Police for a criminal offence?

YES/NO _____

3 ADDITIONAL DETAILS If you answered YES at 2(a) above, please supply the following details.

If you answered YES at 2(b) above, please supply as much detail as you can, below.

DATE	COURT	DETAILS OF OFFENCE	SENTENCE

4 FORMER NAME(S) AND ADDRESSES This information is required of ALL CANDIDATES

NAME	ADDRESS	DATE FROM - TO

5 I CERTIFY THAT:

- (a) I have read the Advisory Note at 1;
- (b) I have not withheld information that may affect my application for appointment;
- (c) I understand that false information or omissions may lead to dismissal;
- (d) The information supplied above may be verified by Town Centre Activities Ltd.

Signature _____

Date _____

HOW LONG IS A REHABILITATION PERIOD?

This depends on the sentence given. For a custodial sentence, the length of time actually served is irrelevant, the rehabilitation period is decided by the original sentence and commences on the date of conviction.

SENTENCES OF MORE THAN 2½ YEARS CAN NEVER BECOME SPENT.

Other sentences become spent after fixed periods from the date of conviction: Here are some examples:

SENTENCE	REHABILITATION PERIOD	
	People aged 17 or over when convicted	People under 17 when convicted
Prison (immediate or suspended sentence) or youth custody More than 6 months and not exceeding 2½ years	10 YEARS	5 YEARS
Prison (immediate or suspended sentence) or youth custody 6 months or less	7 YEARS	3½ YEARS
Fine or community service order	5 YEARS	2½ YEARS
Absolute discharge	6 MONTHS	6 MONTHS
There are 2 sentences for people under 21 for which there is no variation in the rehabilitation period according to age when convicted. These are:		
Borstal (replaced by youth custody in May 1983)	7 YEARS	
Detention centers	3 YEARS	

With some sentences, the rehabilitation period varies:

SENTENCE	REHABILITATION PERIOD
Probation, supervision, care order, conditional discharge or bind-over	1 YEAR, or until the order expires (whichever is longer)
Attendance center orders	1 YEAR after the order expires
Hospital orders (with or without a restriction order)	5 YEARS, or 2 YEARS after the order expires (whichever is longer)
Orders imposing a disqualification, disability or prohibition	Until the order expires