

**Application Form**

**Please complete this form in black ink or type**

Ref: **TA/OCT25**

## Position: Trainee Accountant

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Surname:  (Mr/Mrs/Ms/Miss) | Forenames: |
| Address: | Tel No. (Home): |
| E-mail address: |
| Tel No. (Business): |
| Mobile No: |

**EDUCATION AND PROFESSIONAL QUALIFICATIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Secondary Schools; Colleges; University | Dates  From To | | Examinations taken | Date | Result |
|  |  |  |  |  |  |
| Professional qualifications currently held – please state the grade achieved plus date and also include membership of professional bodies in this section: | | | | | |
| Other relevant educational or training courses, with dates and the training provider: | | | | | |

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| --- |
| This form can be made available in large print, audio/CD or another language upon request, please contact [recruitment@rother.gov.uk](mailto:recruitment@rother.gov.uk) for further information |

**PRESENT POST**

|  |  |
| --- | --- |
| Title of Post: | Salary: |
| Name and Address of Employer: | Business of  Employer: |
| Date  Commenced: |
| Date ended  (if applicable): |
| Please outline your responsibilities, to whom you are responsible to and staff responsible to you  (if applicable): | |
| Reason for leaving or wishing to leave: | |
| Period of notice required to terminate present employment: | |

**PREVIOUS EMPLOYMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address of Employers | Position held | Dates  From To | | Reason for leaving |
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**RELEVANT EXPERIENCE**

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| Please say why you are applying for this post, please refer to the job description/person specification for the role, outline aspects of your experience and give details of any particular achievements or distinctions which you consider relevant to this application. |

**OTHER INFORMATION**

|  |  |
| --- | --- |
| What activities outside work interest you? Please state any positions/interests held you consider relevant: | |
| Do you hold a current driving licence?  YES/NO | Do you own /have use of a vehicle for work?  YES/NO |
| Are you able to travel if the job requires it? YES/NO | |
| Are you related to any member or employee of the Council? YES/NO  If yes, please provide name(s) and state relationship: | |

**REFERENCES**

|  |  |
| --- | --- |
| Please provide details of two referees, one of whom should be your current or most recent employer: | |
| **Reference One**  Tel No:  Email Address: | **Reference Two**  Tel No:  Email Address: |
| May contact them prior to interview? YES/NO | May contact them prior to interview? YES/NO |

Where did you see this vacancy advertised?

If called for interview do you have any particular requirements which we can help with e.g. access? YES/NO

|  |  |
| --- | --- |
| **DECLARATION**  I declare that the information given is true and correct. I give my consent to my referees being contacted as indicated and for details of any sickness absence over the last two years to be obtained.  Signed: …………………………… Date: …………………..…… Name: ……………………………………… | |
| Thank you for completing this application.  Please return to:  **Human Resources**  **Rother District Council**  **Bexhill on Sea, East Sussex, TN39 3JX**  **or via email: recruitment@rother.gov.uk** | **Data Protection Act 2018 and General Data Protection Regulation (GDPR)**  The use of information provided on this form will comply with the requirements of the above Act. It may be processed by computer and is required for operational, managerial information and associated purposes relevant to the maintenance of the Department’s systems. Such data may also be used to produce depersonalised statistics. |



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**Equalities Monitoring Form**

The information that you provide will be treated in the strictest confidence. It will only be used to monitor take up of services and to make sure that no individual or group of people are discriminated against in the provision of our services.

Rother District Council is committed to improving equality in its services. We do not want to disadvantage anyone by conditions or requirements that cannot be justified.

Please answer the following questions. Thank you for your help.

**Please tick 🗹 or 🗷 the most appropriate box**

**Q1. Gender** Male ❑ Female ❑ Prefer not to say ❑

**Q2. Do you identify as a transgender or trans person?**

Yes ❑ No ❑ Prefer not to say ❑

**Q3. Marital Status**

Married ❑ Divorced ❑ Cohabiting ❑

Single ❑ Widowed ❑ Separated ❑ Civil Partnership ❑

**Q4. Sexual Orientation**

Heterosexual/ (straight) ❑ Gay Women/Lesbian ❑ Other ❑

Bi/ Bisexual ❑ Gay Man ❑ Prefer not to say❑

**Q5. Age**

Under 18 ❑ 18 -24❑ 25-34❑ 35-44❑ 45-54❑ 55-59❑ 60-64 ❑ 65+ ❑

**Q6. Ethnic Origin: I would describe my ethnic origin as:**

**White**

British ❑ Irish ❑ Any other White background ❑

**Multiple Heritage**

White & Black ❑ White & Black ❑ White & ❑ Any other multiple heritage ❑

African Caribbean Asian background

**Asian or Asian British**

Pakistani ❑ Indian ❑ Bangladeshi ❑ Any other Asian background ❑

**Black or Black British**

African ❑ Caribbean ❑ Any other Black background ❑

**Chinese or Chinese British**

Chinese ❑

**Gypsy or Traveller**

Traveller: Gypsy/Romany ❑ Traveller of Irish origin ❑ Other Traveller background❑

**Other Ethnic Group** Please write in the box below

Other ❑

**Q7. What is your religion or belief?**

Christianity ❑ Islam ❑ Judaism ❑ Hinduism ❑ Buddhism ❑ Sikhism ❑

Humanism ❑ None ❑ Other ❑

**Q8. First Language: what is your first or main language?**

Please write in box below

English ❑ Other ❑

**Q9. Disability: do you consider yourself to be disabled?**

Yes ❑ No ❑

If your answer is ‘yes’ to question 9, please answer **question 10.** If your answer is ‘no’, you have completed the form and do not need to answer any more questions.

**Q10. Impairment**

Physical impairment ❑ Hearing impairment ❑

Visual impairment ❑ Communication and speech ❑

impairment

Learning disabilities ❑ Mental health condition ❑

Long standing illness or ❑ Other ❑ Please write in below

health condition

**Applicants for employment only:**

**Q11.** Do you want to be considered under the Disability Confident Scheme? Yes ❑ No ❑

**Thank you for completing this form. The information provided will help us to improve our services to you and others in the Rother district.**

**This form should be returned to:**

**Rother District Council**

**Town Hall**

**Bexhill on Sea**

**TN39 3JX**

**Office Use Only** Month and year only please

**Q12. When was the form completed?**



**Q13. For which section or function was this information recorded?**

**Q14. HR only Post No**.