



TRAINING APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLACK INK OR
TYPESCRIPT AND RETURN IT TO:-

e-mail the form to: ian.saunders@darlington.gov.uk
Telephone queries: 01325 248021

CHILDREN, FAMILIES AND LEARNING

Learning and skills
Coleridge Centre
Ribble Drive
DARLINGTON
DL1 5TY

APPLICATION FOR:	
Surname:	Forename (s)
Address:	Telephone No. Home: Mobile No: National Insurance No: Date of Birth: E- mail address:
Next of Kin:	
Address	Contact Telephone No Mobile No

EDUCATION

Present/Previous Schools/Colleges Attended					
From	To	Name of School/College	Examinations Taken	Expected Result	Actual Result

WORK EXPERIENCE AT SCHOOL

From	To	Employer	Details

PRESENT AND PREVIOUS EMPLOYMENT (please include holiday employment)

From	To	Employer	Details

PRESENT AND PREVIOUS TRAINING EXPERIENCE

From	To	Training Centre/College	Training Undertaken	Qualifications Gained

HOBBIES, SPORTS AND OTHER INTERESTS

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Please continue on a separate sheet if necessary

CAREER state the type of work you are interested in, your career ambition and any other relevant information.

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STATE THE CAREERS OFFICE OR JOB CENTRE WHERE YOU ARE REGISTERED

Careers Office	Job Centre

ADDITIONAL INFORMATION

Have you been convicted of any court offence?

Yes

No

If yes, please specify giving dates

N.B. Under the provisions of the Rehabilitation of Offenders Act, 1974 (Exceptions) Order 1975, applicants are required to disclose information concerning convictions including those for which other purposes are regarded as spent under the Act. If you take up an appointment with the department and you have failed to disclose such information this could result in dismissal or disciplinary action. Any information will be treated in strict confidence and will be considered only in relation to applications for posts subject to the provision of the above Order.

DISABILITY

Darlington Borough Council is positive about disability and welcomes disabled people to apply for posts within the Authority.

Do you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995?

i.e. Do you consider yourself to be someone who has a physical or mental impairment which has a substantial and long term effect on your ability to carry out normal day to day activities?

Yes

No

If Yes, please give details

If you have any specific requirements to assist you with an interview, please attach details and the necessary arrangements will be made.

MEDICAL HISTORY

Do you have any medical condition? If 'Yes', please give details

Yes

No

Are you related to any Member or Officer of this Authority?

Yes

No

(If you have a partner who is a Member or Officer of the Council you should also disclose that relationship)

If Yes, please give details

Please note:- Canvassing of Members and Officers of the Council directly or indirectly in connection with this application will disqualify you.

REFEREES

Please give the names and addresses of two persons who are not related to you and from whom references can be obtained. One of these must be your current or previous Headmaster

Status:

Status:

Name:

Name:

Address:

Address:

DECLARATION

If you submit this form via email you are declaring that the information stated is true and accurate.

I declare that the information given in this application is true, and that I have not canvassed directly or indirectly any Member or Officer of Darlington Borough Council, nor will I do so. I understand that any falsification of information will be judged as serious misconduct and may result in dismissal.

Name

Date

Equality Monitoring Form

Darlington Borough Council is an Equal Opportunities Employer and the aim of its policy is to ensure that no applicant or employee receives less favourable treatment on the grounds of gender, marital status, race, colour, ethnic origin, nationality, age, disability, sexual orientation, political or religious belief. We need to find out if our policy is working in practice. To do this we need to look at, how we advertise the jobs, how we select people for interview, who is offered the job, and what to do after a successful interview. Monitoring the recruitment and selection procedures is one way of helping to ensure there is no discrimination in the way we recruit people.

How you can help us. We need to know the age, marital status, disability, gender, race and ethnic origin of people who apply to work for Darlington Borough Council. We would like you to complete the following questionnaire.

The information you give us will be treated as strictly confidential and will not form part of the appointment process.

Post Title	Post Ref:
Department	Closing date:

1. My sex is: - Male <input type="checkbox"/> Female <input type="checkbox"/>
2. My age is: - 16-19 <input type="checkbox"/> 20-29 <input type="checkbox"/>
3. Date of Birth :-
4. Are you married or in a registered civil partnership?
5. Do you consider yourself to be a person with a disability as described by the Disability Discrimination Act 1995?
6. On what basis are you applying for the training position? Full time <input type="checkbox"/> Part time <input type="checkbox"/>
7. What is your ethnic group? Choose one selection from (a) to (e) and then tick the appropriate box.

(a) White

- British
- Irish
- Any other White background
Please write in below

(d) Black or Black British

- Caribbean
- African
- Any other Black background
Please write in below

(b) Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background
Please write in below

(e) Chinese or other ethnic group

- Chinese
- Any other
Please write in below

(c) Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
Please write in below

8. Where did you learn of this vacancy?

Please print your full name

Date...

This document will not be used as part of the selection process, and will be kept separate from your application form. The information you provide will be treated in the strictest confidence and will not be available to members of the appointment panel.