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| Responsible Financial Officer (RFO) Job Application Form |

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| Closing Date: | 1 March 2024 | **Interview Date:** | 13 March 2024 |

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| It is important that you read the Job Description and Personal Specification before completing this application form. Please complete this form fully using black ink or type. CVs are not accepted. Applications received after the closing date will not normally be considered. |
| **THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE** |

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| Section 1 Personal Details |

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| Last Name: |  | **First Name:** |  |

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| Address: |  |
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| --- | --- |
| Postcode: |  |

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| **Home Telephone No:** |  | **National Insurance No:** |  |  |  |  |  |  |  |  |  |

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| --- | --- |
| **Daytime Telephone No:** |  |

|  |  |
| --- | --- |
| **Mobile Telephone No:** |  |

|  |  |
| --- | --- |
| **E-mail Address:** |  |

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| --- | --- | --- |
| **May we contact you at work?** | Yes |[ ]  No |[ ]
|  |  |  |  |  |
| Are you free to remain and take up employment in the UK with no current immigration restrictions? | Yes |[ ]  No |[ ]
|  |  |  |  |  |
| **Do you hold a** **full, clean driving licence valid in the UK?** | Yes |[ ]  No |[ ]
|  |  |  |  |  |
| **Is your vehicle insured for business use?** | Yes |[ ]  No |[ ]

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| **If successful you will be required to provide evidence of the above details prior to your appointment.** |

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| Section 2 Present Employment |
| **Present Employment** (if now unemployed give details of last employer) |

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| --- | --- |
| Name of Employer: |  |

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| Address: |  |
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| --- | --- |
| Postcode: |  |

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| --- | --- |
| Job Title: |  |

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| --- | --- |
| Date of Appointment: |  |

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| --- | --- |
| Department / Section: |  |

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| **Brief description of duties:** |
|  |
| Continue on a separate sheet or expand section, if necessary |
| Period of Notice: |  | **Last day of service**(if no longer employed)**:** |  |
| **Reason for leaving**(if no longer employed)**:** |  |
| Section 3 Previous Employment |
| **Previous Employment** – please start with the most recent employer first and account for any breaks in your record. |
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| Name of Employer: |  | **Nature of Business:**  |

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| Address: |  |
|  |  |
|  |  | Postcode: |  |

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| --- | --- |
| Position Held: |  |
| **Summary of Duties:** |
|  |
| **Date employed: from** **to** |  | **Reason for leaving:** |  |
|  |
| Name of Employer: |  | **Nature of Business:**  |
| Address: |  |
|  |  |
|  |  | Postcode: |  |
| Position Held: |  |
| **Summary of Duties:** |
|  |
| **Date employed: from** **to**  |  | **Reason for leaving:** |  |
|  |
| Name of Employer: |  | **Nature of Business:**  |
| Address: |  |
|  |  |
|  |  | Postcode: |  |
| Position Held: |  |

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| --- |
| **Summary of Duties:** |
|  |
| **Date employed: from** **to**  |  | **Reason for leaving:** |  |
|  |
| Name of Employer: |  | **Nature of Business:**  |
| Address: |  |
|  |  |
|  |  | Postcode: |  |
| Position Held: |  |
| **Summary of Duties:** |
|  |
| **Date employed: from** **to**  |  | **Reason for leaving:** |  |
|  |
| Name of Employer: |  | **Nature of Business:**  |
| Address: |  |
|  |  |
|  |  | Postcode: |  |
| Position Held: |  |
| **Summary of Duties:** |
|  |
| **Date employed: from** **to**  |  | **Reason for leaving:** |  |
| Continue on a separate sheet or expand section, if necessary |

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| Section 4 Education |
| Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first: |

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| **College or University**  | **Course** | **Qualifications and grades obtained** |
|  |  |  |
| **School** | **Subjects** | **Qualifications and grades obtained** |
|  |  |  |
| Continue on a separate sheet or expand section, if necessary |

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| Professional, Technical or Management Qualifications |
| Please give details: |
| **Professional/Technical/****Management Qualifications** | **Course Details** |
|  |  |
| **Membership of any Professional / Technical Associations - please state level of membership:** |
| Continue on a separate sheet or expand section, if necessary |

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| Section 5 Training and Development |
| Please give details of any training and development courses or non-qualification courses which support yourapplication. Include any on the job training as well as formal courses. |

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| **Title of Training Programme or Course** | **Duration of Course** |
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| Continue on a separate sheet or expand section, if necessary |

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| Section 6 Personal Statement |
| **Abilities, skills, knowledge and experience.**Please use this section to give any other information in support of your application, explaining how you meet the requirements of the **person specification**. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used. |
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| Continue on a separate sheet or expand section, if necessary |

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| **Section 7 Rehabilitation of Offenders Act (1974)** |

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| Do you have any convictions that are unspent under the rehabilitation of Offenders Act 1974? | Yes |[ ]  No |[ ]

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| If yes, please give details / dates of offence(s) and sentence: |
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| **Section 8 Equalities Act** |

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| The Act defines a disabled person as a person with a disability. A person has a disability for the purposes of the Act if he or she has a physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. |

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| **Do we need to make any specific arrangements in order for you to attend the interview?** | Yes |[ ]  No |[ ]

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| If yes, please give details: |
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| **Section 9 References** |

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| Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are. |

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| **Reference 1** |  | **Reference 2** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | **Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  | **Job Title:** |  |

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| --- | --- | --- | --- |
| Work Relationship: |  | **Work Relationship:** |  |

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| --- | --- | --- | --- |
| Organisation: |  | **Organisation:** |  |

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| Address: |  | **Address:** |  |
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|  | **Postcode:** |  |  | **Postcode:** |  |

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| --- | --- | --- | --- |
| Telephone No: |  | **Telephone No:** |  |

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| --- | --- | --- | --- |
| E-mail: |  | **E-mail:** |  |

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| Are you willing for this referee to be approached prior to the interview? | Yes |[ ]  No |[ ]  Are you willing for this referee to be approached prior to the interview? | Yes |[ ]  No |[ ]

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| Please state where you saw this post advertised:  |

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| **Section 10 Declaration** |

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| A. Relatives/Other InterestsAre you related to or have a close personal relationship with an officer or a Councillor of Clipstone Parish Council? **Yes** [ ]  **No** [ ]  |
| If yes, specify name(s), position(s) and relationship(s) |  |

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| If appointed, do you have any interests or hold any appointments that may conflict with employment by the Council in the role for which you have applied?If yes, please detail on a separate sheet.  | Yes | [ ]  | No | [ ]  |

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| B. Statement to be Signed by the ApplicantPlease complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.**I hereby certify that:*** **all the information given by me on this form is correct to the best of my knowledge**
* **all questions relating to me have been accurately and fully answered**
* **I possess all the qualifications which I claim to hold**
* **I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description**
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| Signed: |  | **Date:** |  |
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| All applications will be acknowledged within three weeks of the closing date, whether successful or not. Thank you for your interest in this post. If you would like to confirm if we have received your application form please contact us. |

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| R E T U R N I N G T H I S F O R M |
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| **By hand or post to:****Clipstone Parish Council****Clipstone Village Hall****Church Road****Clipstone****Nottinghamshire****NG21 9DF** | **Or by email to:** **clerk@clipstoneparishcouncil.org** |

**Please mark the envelope ‘CONFIDENTIAL’** **Enquiries:** **Michelle Paxton****Clerk****Tel: 01623 626857****Email: clerk@clipstoneparishcouncil.org** |