



APPLICATION

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

Linda Todd  
CORPORATE SERVICES DEPARTMENT  
Town Hall, Darlington  
DL1 5QT  
Tel: 01325 388354

OR please e-mail the form to [linda.todd@darlington.gov.uk](mailto:linda.todd@darlington.gov.uk)  
including your name in the subject title.

<b>POST TITLE: INDEPENDENT MEMBER' DARLINGTON MEMBERS' ALLOWANCES PANEL</b>	
Surname:	Forename (s)
Address:	Telephone No. Home:
	Telephone No. Work:
	Mobile No:
	E- mail address:

<b>PRESENT EMPLOYMENT</b>
Post title:
Name and Address of Employer:

<b>PREVIOUS EMPLOYMENT</b> (please account for any gaps in employment)				
FROM	TO	EMPLOYER	POSITION	REASON FOR LEAVING

**EDUCATION****SECONDARY EDUCATION**

Schools attended	Dates	Qualifications (including subjects and grades)

**FURTHER AND HIGHER EDUCATION**

Establishment attended	Dates		Course	Result

**MEMBERSHIP OF PROFESSIONAL / TECHNICAL BODIES****MEMBERSHIP**

Professional / Technical body

## PERSONAL STATEMENT

Please use this space to give further details of career, experience and private interests relevant to your application. Please continue on a separate sheet if necessary.

## 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 SHOULD be your current or last employer. Referees may be contacted prior to interview. Please ensure that you provide all the details required below (if applicable) and that your referees are aware they will be contacted if you are offered the position.

Status:	Status:
Name:	Name:
Address:	Address:
Telephone no:	Telephone no:
Fax no:	Fax no:
E-mail address:	E-mail address:

**ADDITIONAL INFORMATION**

Are you disqualified for applying for this appointment in accordance with the disqualifications listed in Sections 80 and 81 of the Local Government Act 1972?

YES/NO

**DISABILITY**

Darlington Borough Council is positive about disability and welcomes disabled people to apply for this position.

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.

**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**

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 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. Monitoring our procedures is one way of helping to ensure there is no discrimination in the way we appoint 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 INDEPENDENT MEMBER DARLINGTON MEMBERS' ALLOWANCES PANEL

1. My sex is: - Male  Female

2. My age is: - 16-19  20-29  30-39  40-49  50-59  60+

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. 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

7. 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.