



City of Westminster

# Westminster City Council Application form

Thank you for your interest in working for Westminster City Council.

Please fill in the spaces below and email your completed application form to:

Position applied for:

Position reference number:

Where did you see the vacancy advertised?

Closing Date:

It is an offence to apply for the role if you are barred from engaging in regulated activity relevant to children. Please read the School's safeguarding policy.

Roles are exempt from the Rehabilitation of Offenders Act 1974 and the amendments to the Exceptions Order 1975, 2013 and 2020, as the work brings employees into contact with children who are regarded by the Act as a vulnerable group. Applicants for any role at either school in the North Westminster Federation must disclose all spent and unspent convictions.

## Section 1: Personal details

Surname:

Home telephone:

Forenames:

Mobile:

Home Address:

Home email:

Work telephone No:

Work email:

Please specify any dates you are not available for an interview:

National insurance number:

Do you require a work permit?

Yes

No

May we contact you at work?

Yes

No

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## Section 2: References

**Reference 1:** (from present or most recent employer)

Name of referee:

Position:

Name and address of organisation:

Work email:

Telephone:

If you are called for interview,  
may we contact your referee?

**Yes**

**No**

**Reference 2:** (preferably another employer)

Name of referee:

Position:

Name and address of organisation:

Work email:

Telephone:

If you are called for interview,  
may we contact your referee?

**Yes**

**No**

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**Section 3: Employment details**

**Please record all previous employment below, starting with your present or most recent employer.**

1. Name and address of current or most recent employer:

Position held and salary:

To which position do you report?

Who reports to you (if applicable)? Please include number of positions and position titles:

Key duties and responsibilities (in bullet points):

Date appointed:

Date left or  
notice required:

Reason for leaving  
(if applicable):

**All previous Employment** (Including Voluntary or Community work if relevant)

2. Name and address of employer:

Position held and salary:

Main duties and responsibilities (in bullet points):

Date appointed:

Date left or  
notice required:

Reason for leaving  
(if applicable):

3. Name and address of employer:

Position held and salary:

Main duties and responsibilities (in bullet points):

Date appointed:

Date left or  
notice required:

Reason for leaving  
(if applicable):

**Please continue employment history on a separate sheet if necessary.**

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**Section 4: Additional Information**

Westminster City Council wishes to encourage disabled people to apply for jobs – all information will be treated in confidence. The Council operates a guaranteed interview scheme for disabled people who demonstrate on their job application form that they meet the specified selection criteria for the job. **If you prefer not to say indicate by checking here**

Do you have a disability as outlined in the Disability Discrimination Act 1995 and 2005? (See Equal Opportunities Monitoring section for detailed definition)

**Yes**

**No**

In relation to any disability, do you have any particular requirements in order to attend an interview? **If yes**, please give details on a separate sheet.

**Yes**

**No**

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**Section 5: Education, qualifications and membership of professional associations**

Please give details of your education and qualifications obtained. This includes any qualifications which you are studying for now. Primary school details are not required. You may be required to prove you have obtained these qualifications.

Name of School

Qualification/grade achieved


College/University

Qualification/grade achieved


College/University

Qualification/grade achieved


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**Section 6: Relevant skills and competencies**

Please review the person specification found within the job description. Record below details of any relevant skills, experience, training or qualifications, which make you particularly suited for this position.

If the person specification contains competencies, please provide a brief example of how you have demonstrated each competency in the past. Use the behavioural indicators listed under each competency heading as a guide in preparing your response. Please note that you are not required to provide a separate response for each behavioural indicator.

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**Section 7: Prevention and detection of fraud**

The Council is committed to the highest ethical standards and expects its employees to act with integrity, to be honest and trustworthy and to comply with all laws and regulations which apply to Council business.

The Council collects information for a variety of local authority purposes including Housing Benefit. The information collected about you may be used for any local authority purpose.

Information on you provided by you or by a third party may be checked with other information held by the Council. This information may also be used by the Council or supplied to other bodies to prevent or detect crime or protect public funds. Use of information about you and disclosures to anyone outside the Council will only be carried out where law permits.

If you have any queries about information held about you, all of which is held under the provisions of the Data Protection Act 1998, please contact the Director of Finance at Westminster City Hall, Victoria Street, London SW1E 6QP.

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**Section 8: Relatives/other interests**

Are you related to any Councillor or senior officer of the council?

Yes

No

If **yes**, please give details on a separate sheet.

*Warning – Canvassing of or failing to disclose a relationship to a Councillor, may disqualify you.*

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**Section 9: Applicant's Declaration**

I declare that the information that I have provided is true and accurate and in particular that I have not omitted any material facts which may have a bearing on my application. I understand that any subsequent contract of employment with the Council will be made on the basis of the information I have provided. I understand that a false declaration which results in my appointment to the Council's service will render me liable to dismissal without notice. I give explicit consent that the information which I give on this form may be processed in accordance with the Council's registration under the Data Protection Act 1998.

Please mark the box with an 'x' to confirm you have read and understood the applicant's declaration.

Signed (Please type in your name)

Date







**Corporate Equalities Employment Policy:**

In order to combat discrimination, no unnecessary conditions or requirements will be applied which could have a disproportionately adverse effect on any one group. All sections of the population will have equal access to jobs. **No applicant or employee will receive less favourable treatment because of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage or civil partnership and pregnancy or maternity, unless a Genuine Occupational Qualification (GOQ) applies.**

**To monitor the effectiveness of this policy, we need to record certain personal details about the people who apply for vacancies. It is for this reason only, that you are asked to provide the information below, which will be treated with the strictest confidence and used only for statistical purposes. Any equalities information provided to us, will not be shared with the selection panel, or used in the selection process.** We would be grateful if you could complete the following in order for us to monitor equalities information and ensure that we are treating all candidates fairly and appropriately.

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**Guidance Notes on Disability**

Under the Equality Act 2010 you are considered to have a disability if you have *'a physical or mental impairment which has a substantial and long-term adverse effect upon your ability to carry out normal day-to-day activities'*.

Physical and mental impairments include sensory impairments and Deaf Sign Language users. Mental illness is included if it has a substantial effect on normal day to day activity. Past conditions are included. Progressive conditions, such as cancer, multiple sclerosis, muscular dystrophy and HIV infection, are covered from the point of diagnosis. Severe disfigurements are included.

Substantial adverse effect is more than a minor or trivial effect. Substantial effects of a disability, which has ceased but is expected to recur at least once a year, for example rheumatoid arthritis or epilepsy, are included in the definition.

Long term effect is one which has lasted, or is likely to last, 12 months or more.

Normal day to day activities are those which are carried out by most people on a fairly regular and frequent basis.

Full definitions of disability are available from <https://www.gov.uk/definition-of-disability-under-equality-act-2010>.

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**Personal details**

Position reference number:

Date of birth:

Last name:

Forenames:

Please mark each applicable box with a tick, 'x' or write in the space if appropriate.

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### Gender, what do you identify with?

Male  Female  N/A

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### If you don't identify as a male or female, how would you describe your gender identity?

Gender Neutral  Intersex  Transgender F to M  Transgender M to F   
Nonbinary or you choose to define your identity in another way  N/A

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### Age group:

16-24  25-34  35-44  45-54   
55-64  65+

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### Ethnic groups:

To which of these groups do you consider you belong?

#### Asian or Asian British:

British Asian  Indian  Pakistani  Bangladeshi   
East African Asian  Chinese  Other Asian (please specify)  \_\_\_\_\_

#### Black / Black British:

Black British  African  Caribbean  Other (please specify)  \_\_\_\_\_

#### White/White British:

English  Irish  Welsh  Scottish  Traveller/Roma  Eastern European   
Western European  Other (please specify)  \_\_\_\_\_

Mixed Heritage (please specify) \_\_\_\_\_  \_\_\_\_\_

Any other ethnic background (please specify):

Prefer not to say

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### Disability

The council's Disability Equality Scheme states 'the problems experienced by many disabled people are not because of their impairments or medical conditions but are due to attitudinal and environmental barriers. This is known as 'the social model of disability'.

Do you consider yourself to be disabled as defined by the above 'social model'?

Yes  No  Prefer not to say

The definition of disability, as outlined in the Disability Discrimination Act 1995 & 2005 (DDA) is as follows: "A **physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities**".

Do you consider yourself to be disabled as defined by the DDA?

Yes  No  Prefer not to say

Details of your disability (If you prefer to not say please leave blank)

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### Sexual Orientation

Please tick the box that best describes your sexual orientation:

- |  |  |
|--|--|
| <input type="checkbox"/> Bisexual          | <input type="checkbox"/> Heterosexual/Straight |
| <input type="checkbox"/> Gay man           | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Gay woman/Lesbian | <input type="checkbox"/> Prefer not to say     |

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### Religion or Belief

To which of these groups do you consider you belong?

- |  |  |   |   |
|--|--|---|---|
| Bahai <input type="checkbox"/>             | Buddhism <input type="checkbox"/>  | Christianity <input type="checkbox"/>   | Hinduism <input type="checkbox"/>           |
| Islam <input type="checkbox"/>             | Janinism <input type="checkbox"/>  | Judaism <input type="checkbox"/>        | Rastafarian <input type="checkbox"/>        |
| Secularism <input type="checkbox"/>        | Sikhism <input type="checkbox"/>   | Zoroastrianism <input type="checkbox"/> | No religion/belief <input type="checkbox"/> |
| Prefer not to say <input type="checkbox"/> | Other religion or belief (please specify) <input type="checkbox"/> _____ |   |   |

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### Marital Status

- |   |   |   |
|---|---|---|
| Single <input type="checkbox"/>                         | Married Heterosexual <input type="checkbox"/>         | Married Same sex <input type="checkbox"/> |
| Heterosexual Civil Partnership <input type="checkbox"/> | Same sex Civil partnership <input type="checkbox"/>   |   |
| Co-habiting <input type="checkbox"/>                    | Widowed <input type="checkbox"/>                      | Separated <input type="checkbox"/>        |
| Divorced <input type="checkbox"/>                       | Other (please specify) <input type="checkbox"/> _____ |   |

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### Are you a Refugee or Asylum Seeker?

No  Refugee  Asylum Seeker

Please specify what country or region you are a refugee/asylum seeker from?

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## Language

Please tick the box that best describe your main first/main language

English	<input type="checkbox"/>	French	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	Punjabi	<input type="checkbox"/>	Mandarin Chinese	<input type="checkbox"/>
Russian	<input type="checkbox"/>	Hindi	<input type="checkbox"/>	Swahili	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	_____	

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## Data Protection Act

The council will process all data in compliance with the provisions of the Data Protection Act 1998. Please sign below to give your explicit consent that the information which you give on this form may be processed in accordance with the council's registration under the Data Protection Act 1998.

Please mark the box with an 'x' to confirm you have read and understood the above.

Signed (Please write or type in your full name)

Date