

Elections



APPLICATION TO BE CONSIDERED AS POLLING/COUNTING STAFF

NEW STAFF DETAILS

(It is extremely important that you provide us with all the information asked for.)

Surname:	
First Name & Other Initials:	
Address:	
Telephone Number (Home):	
Telephone Number (Work):	
Telephone Number (Mobile):	
Email Address:	
Date of Birth:	
National Insurance Number:	
Place of Work:	

FOR INFORMATION:

If you are appointed to a post, you will need your Line Manager's approval to undertake these duties.

FOR OFFICE USE ONLY:

Availability as:	PO	<input type="checkbox"/>	Appointed as:	PO	<input type="checkbox"/>	Training Date Attended:	
	PC	<input type="checkbox"/>		PC	<input type="checkbox"/>	<input type="text"/>	
	CA	<input type="checkbox"/>		CA	<input type="checkbox"/>		

Post(s) you are interested in:	Presiding Officer	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Poll Clerk*	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Counting Duties	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
*Poll Clerks with experience at 3 or more Elections may be considered for appointment as a Presiding Officer following a training session. If you are interested please tick this box. <input type="checkbox"/>					

Previous Relevant Experience:

Please tell us about any other relevant information e.g. previous election employment history.

Comments:

Please tell us your preferred location/polling station, so that we can try and accommodate you as best we can. *(Please note that this will not always be possible and requests will be dealt with on a first come, first served basis.)*

Do you speak a minority language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give details:		
Do you have your own transport? <i>(You will need to make sure that your motor insurance policy covers your vehicle for business use)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you suffer from any medical condition/disability that could affect your work at a polling station or count? If yes, please give details:		

If appointed you cannot be employed by, or provide any form of assistance whatsoever (paid or unpaid), to any of the Candidates, Agents or Political Parties.

DECLARATION

I am entitled to work in the UK in accordance with the provisions of the Asylum and Immigration Act 1996. I also confirm that, for the purposes of forthcoming Elections, where I may be employed by the Local Returning Officer/Returning Officer, I am prepared to waive my rights under The European Working Time and Young Workers Directives (The Working Time Regulations 1998).

Signed: _____ Date: _____

NB: Data Protection Act 1998 ("the Act")

The Electoral Registration Officer (ERO) is the Data Controller for the purposes of the Act.

The information provided by you on this form may be processed both electronically and manually.

The ERO will only disclose information contained on the form to other Council Departments, Government, or other organisations as the law allows. The information will be held (either electronically or manually) for no longer than necessary.

If you want to know more about the information the ERO has about you, or the way in which the Council uses your information, please contact the Data Protection Officer of the Council on 0345 678 9000.

To be returned to:

Elections Office, Newcastle-under-Lyme Borough Council, Castle House, Barracks Road, Newcastle, ST5 1BL.