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| Section 1: (To be completed by employee) |
| Name: | Employee No: |
| Falkirk Council Employment |
| Job Title: | Department: |
| Location: | No of Hours: |
| Status: Permanent/ Temporary |
| Working Pattern: | Monday: |
| Tuesday: | Wednesday: |
| Thursday: | Friday: |
| Saturday: | Sunday: |
| Extra-Mural Employment Details |
| Type of Employment: Perm/ Temp/ Casual  |
| If temporary, please specify duration: |
| Employer/ Agency: |
| Address: |
| Job Title: | No. of Hours: |
| Working Pattern: | Monday: |
| Tuesday: | Wednesday: |
| Thursday: | Friday: |
| Saturday: | Sunday: |
| Description of duties: |
| Description of non-employment extra-mural activities – such as officeholder of voluntary organisation, Parent Council or similar body: |
| Declaration: |
| I confirm that the above is accurate and agree to advise my line manager immediately of any changes to this information |
| Signed: | Date: |

Privacy Statement

* The Council processes your information in accordance with data protection legislation.
* We use this for considering your extra mural employment and keep it for 7 years after you leave unless your post requires a PVG membership where we keep it for 25 years after you leave
* We also use this for monitoring and recording purposes
* You can find full details here [www.falkirk.gov.uk/privacy](http://www.falkirk.gov.uk/privacy)

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| **Section 2:****(To be completed by line manager)** |
| Areas of Concern/Potential Areas of Conflict Identified: |
| Suggested Conditions/ Restrictions relating to extra-mural employment/ activities: |
| Comments: |
| Review Date: |
| Conflict of Interest Identified: Yes/ NoIf YES- forward to Service Director/Chief Officer for reviewIf NO- forward for inclusion on service register |
| Name: |
| Signed: | Date: |

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| Section 3:(To be completed by Service Director/ Chief Officer) |
| This request is (✓as appropriate): |
| Approved: |  |
| Not Approved: |  |
| Approved with conditions: |  |
| Conditions: |
| Date of liaison with Monitoring Officer (where appropriate): |
| Signed: | Date: |

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| Section 4: Review |
| Review Date | Change to Extra Mural  | Conditions to apply | Comment | Signed |
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