



JOB VACANCY for WEEKEND WORK
BANDSTAND ATTENDANT

KEYNSHAM MEMORIAL PARK BANDSTAND

Must be reliable and a good communicator with members of the public.

NJC SCP 2
(£12.26 per hour)

Fixed-term, Part time post – averaging 3 hours per event.

For a Saturday and/or Sunday from Saturday 5th April 2025 through to Sunday 28th September 2025

Please contact Dawn Drury, Town Clerk at the
Town Council Office, 15-17 Temple Street, Keynsham
For further details and application form
Telephone - 0117 986 8683 or
email townclerk@keynsham-tc.gov.uk

**Closing date for receipt of application forms –
Friday 28th February 2025**

PLEASE NOTE CV's WILL NOT BE ACCEPTED



**KEYNSHAM TOWN COUNCIL
BANDSTAND ATTENDANT
CANDIDATE INFORMATION PACK**

APRIL 2025 – SEPTEMBER 2025

Thank you for your interest in the role of Seasonal Bandstand Attendant. This pack contains all the information that you will need to support you in making an application.

The closing date for applications is 23:59 on Friday 28th February 2025. Interviews will be held on the week commencing 10th March 2025 (date to be decided). Further details will be provided to shortlisted candidates.

Applications can be submitted by e-mail to townclerk@keynsham-tc.gov.uk or by post c/o the Town Clerk, 15 – 17 Temple Street, Keynsham, Bristol BS31 1HF.

Please note CV's will not be accepted.

If you would like any further information, please contact the Town Clerk, Mrs Dawn Drury at the Town Council office on 01179 868683.

Kind regards

Dawn Drury
Town Clerk



SEASONAL BANDSTAND ATTENDANT

**NJC SCP 2
(£12.26 per hour)**

Fixed-term, Part time post – averaging 3 hours per event.

**For a Saturday and/or Sunday from Saturday 5th April
2025 through to Sunday 28th September 2025**

JOB DESCRIPTION

- Communicate with key contact person on the day of the bandstand event.
- Be aware and responsible for Health and Safety on the day of the event.
- To put out a minimum of 20 chairs and ensure that they are all put back and counted. (There are 50 chairs in total).
- Litter collection around the bandstand area on the day of the event.
- To provide feedback via an evaluation form to the Town Clerk after each event.

Management Responsibility

None.

Report to

Town Clerk.

NOTE: This job description is a guide only and whilst it covers most aspects of the post, the postholder may be required to carry out other duties, commensurate with the post.



APPLICATION FOR EMPLOYMENT

Completed Application must be returned by 23:59 on Friday 28th February 2025 by email, hand or post

By email: townclerk@keynsham-tc.gov.uk

By hand or post: Town Clerk, Keynsham Town Council,
15-17 Temple Street, Keynsham, Bristol BS31 1HF

CONFIDENTIAL

Please complete in black ink or type

Application for the post of:
SEASONAL WEEKEND BANDSTAND ATTENDANT

1. PERSONAL DETAILS

YOU	NI Number:
Forename(s):	Surname:
Address:	
Email:	Postcode:
Telephone (Day)	May we contact you on this number during the application process? YES NO
Telephone: (evening)	Mobile:
Do you need a work permit for permanent employment in the UK? YES NO	If YES, do you have a permit YES NO

Do you have a current valid driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have access to a car?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have a driving licence, is it:	PROVISIONAL <input type="checkbox"/> FULL <input type="checkbox"/> HGV <input type="checkbox"/>

How did you learn of this vacancy?

Are you, to your knowledge related to or know any member or officer of Keynsham Town Council? If so, please give details:

2. EMPLOYMENT HISTORY

Please provide details of your work experience, including previous posts with your present employer, unpaid voluntary or casual work. If you have undertaken periods of other responsibilities raising family or caring, please include these as well

Present (or most recent) Employment			
Name & address of employer:			
Position held:		Is this your current job?	YES NO
Start date:		Leaving date (if applicable):	
Notice required:		Basic salary/wage:	
Other allowances:		Reason for leaving:	
Key responsibilities and/or achievements:			

All Previous Employment		
Name and Full Address of Employer	Start date, leaving date, position held and main responsibilities – giving salary	Reason for Leaving

Please give details relating to <u>any gaps</u> in your employment history

3. EDUCATION

Please provide brief details of your education, showing most recent first

Name of Educational Establishment (School, College, University etc.)	Qualifications obtained with dates, subjects and grades

4. TRAINING

Please provide details of all training and development undertaken relevant to this post

Training Course and Organiser / Development Activity	Date and Outcome (Grade achieved where relevant)

5. HOBBIES/INTERESTS

Please provide any additional information about hobbies/interests

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SUPPORTING STATEMENT

Please provide information to demonstrate how you fulfil the criteria (both Essential and Desirable) listed in the person specification for the job. (Max 2 sides of A4).

References

Please give the name and address of two people who can provide an assessment of your suitability for this post. One of these should be your present/most recent employer. If you have not been in paid employment since leaving full-time education, please give the name of your tutor or lecturer. **Please indicate by marking clearly with an asterisk (*) if you do not want us to contact them prior to a conditional offer being made.**

Name:	Address:
Email address (if available):	
Position held:	Daytime contact telephone number:

Name:	Address:
Email address (if available):	
Position held:	Daytime contact telephone number:

Rehabilitation of Offenders Act 1974

Please give details, including dates and places, of pending prosecutions and any convictions, cautions and bind-overs that are not 'spent'. The Rehabilitation of Offenders Act 1974 gives individuals the right not to disclose details of old offences which are seen as 'spent'.

Declaration

I declare that that the information in this form and the accompanying application form has been completed by me and all the information I have given is accurate and complete to the best of my knowledge. I accept that if I have given any information which I know is false or if I withhold any relevant information it may lead to my application being rejected or if I have been appointed to my dismissal.

I consent that under the Data Protection Act 1998 the information contained in this form and my monitoring form may be processed by Keynsham Town Council, who will ensure the information will be stored on a computer fairly and lawfully and will not be disclosed to any person/s for any other purposes.

I give my permission for Keynsham Town Council to process and retain information about me contained in this form in accordance with the Data Protection Act 1998.

Signed.....

Date.....

(If you submit an application electronically, you will be asked to sign the form before interview)



APPLICATION FOR EMPLOYMENT- SEASONAL BANDSTAND ATTENDANT

MONITORING FORM

CONFIDENTIAL

Please complete in black ink or type

THIS FORM IS NOT PART OF THE SELECTION PROCESS

**(The information you provide will be treated in the strictest of confidence
and will not be seen by the selection panel)**

Keynsham Town Council recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of age, disability, gender, marriage/civil partnership, pregnancy and maternity, gender reassignment, sexual orientation, race (including ethnic origin, colour, nationality and national origin), religion or belief. We therefore welcome applications from all sections of the community. The information you supply on this form will be separated from your application form prior to any selection's decisions being made and will be treated as confidential at all times, and in accordance with the Data Protection Act 1998.

Gender: Male / Female	Marital Status: Married / Single / Other
Date of Birth:	
Do you consider yourself to have a disability	Yes No
If yes, please state nature of disability	
The Equality Act defines disability as "a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities".	

Ethnic Group (Please tick one box)

White	British		Mixed	White and Black Caribbean	
	Irish			White and Black African	
	Any other white background*			White and Asian	
				Any other mixed background*	
Black or Black British	Caribbean		Asian or Asian British	Indian	
	African			Pakistani	
	Any other Black background*			Bangladeshi	
		Any other Asian background*			
Chinese or Other Ethnic Group	Chinese		* Please specify		
	Other Ethnic Group*				

If you wish, you may disclose information about yourself in this section about your:

Religion:
Sexual Orientation: