



APPLICATION FORM

Please use BLACK INK to complete this form, which will be photocopied. You may use this form as a template for producing your own application on computer, which may be e-mailed to us.

Title of post for which you are making application _____

Where did you see the advertisement for this post? _____

1. Name in full (capitals please)

Address (capitals please)

Telephone number

Mobile number

E Mail

2. Education and Training. Please list your qualifications and their dates, and also any courses you have attended which have provided you with professional development relevant to this post.

3. Current work. If employed by one organisation please give employer's name, title, address, telephone number, your salary and required period of notice. If you are working freelance please name the organisations for which you are working and include titles of projects, contracts etc. Please include your key responsibilities in these roles.

4. Please list any previous employment and or voluntary experience, starting with the earliest, giving dates, job title/s, salary and key responsibilities.

5. Please state why you have been attracted to apply for this post and tell us about any particular areas of your practice that you wish to develop.

6. Please explain how your interests, experience, knowledge and training relate to the range of work described in the job description for this post.

7. Miscellaneous (please delete as applicable)

Do you have access to the use of a car? YES/NO

If you are offered the post, when will you be able to take up the appointment? ____/____/____

Date of Birth ____/____/____

In accordance with the amendments to Section 8 of the Asylum and Immigration Act 1996, you will be asked at interview to provide proof of identity to confirm your right to work in the United Kingdom (e.g. British passport, full birth certificate, legal home office documentation)

8. Please give the names, addresses and titles of TWO referees (capitals please).

Name:	Name:
Address:	Address:
E mail: Tel No:	E mail: Tel No:
Position held:	Position held:

Are you willing for your referees to be contacted immediately? YES/NO

9. Your work will require you to work with children and vulnerable adults, in accordance with the 1974 Rehabilitation of Offenders Act you are required to give details of any criminal convictions. Do you have any criminal convictions either spent or unspent? YES/NO
If YES please provide details below.

Please note that this position within Cheshire Dance will require you to complete a Criminal Records Bureau check. If you already have a disclosure you will be asked for a copy.

Can you provide evidence of Protection of Children and Vulnerable Adults Training? YES / NO

DECLARATION

I certify that, to the best of my knowledge, the information I have included in this form is accurate.
If I am appointed personal information about me may be computerised for personal administrative purposes within the terms laid down by the Data protection Act of 1984.

Signed _____ Date _____

Please complete the enclosed Equal Opportunity monitoring form, which will be removed from your application form before short listing. Return your completed form to Cheshire Dance, Winsford Library, High Street, Winsford, Cheshire, CW7 2AS. 01606 861770 Fax: 01606 550629, e mail to info@cheshiredance.org