|  |  |
| --- | --- |
| C:\Documents and Settings\sd\Desktop\horsecross arts.jpg | **Application for Employment** |

**Candidate No. \_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job Title |  |  | Closing Date |  |

# PERSONAL DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname | Click here to enter text. |  | Address  Postcode | Click here to enter text. |
|  | |  |
| Initials | Click here to enter text. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact details: (include local code) | | | | |
| Tel: Business | Click here to enter text. |  | Tel:Home | Click here to enter text. |
| Mobile | Click here to enter text. |  | Email | Click here to enter text. |

|  |  |
| --- | --- |
| National insurance number | Click here to enter text. |

|  |
| --- |
| **Entitlement to work in the UK** (Immigration, Asylum & Nationality Act 2006)  All offers of employment are conditional upon production of documentary evidence of eligibility to work in the UK:  Do you have a legal right to live and work in the UK? Yes  No   Is this subject to having a work permit? Yes  No |

# OTHER INFORMATION

|  |  |
| --- | --- |
| Where did you see this job advertised? | Click here to enter text. |

|  |  |
| --- | --- |
| What period of notice does your present employer require? | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you hold a current full UK driving licence or equivalent? | Yes  No | Do you have access to a car? | Yes  No |

# DISABILITY

|  |  |
| --- | --- |
| If you have a disability as defined under the Equality Act 2010 and can offer the skills and experience we consider essential for the job, we will guarantee you an interview. | |
| Do you have a disability? | Yes  No |
| If ‘Yes’, please provide some information to tell us if there is support which we can provide at interview or in employment if you are offered the job: Click here to enter text. | |

# REHABILITATION OF OFFENDERS ACT 1974

|  |
| --- |
| The provisions of the above Act provide protection to persons with a criminal record from being discriminated against when applying for jobs and from dismissal for reason of a conviction that has been “spent”. We require all applicants to declare any criminal (not civil) convictions that have not expired.  Do you have a criminal conviction which has not been “spent” No  Yes If Yes, please give details of the date(s) of offence(s) and sentence(s) passed in a sealed envelope and attach it to your application form. |

# REFERENCES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please provide details of two referees who have supervised you/or your work, including your current or most recent employer. | | | | | |
| 1 NamePosition    Address | Click here to enter text. | | 2 NamePosition   Address | Click here to enter text. | |
| Click here to enter text. | | Click here to enter text. | |
| Click here to enter text. | | Click here to enter text. | |
| Click here to enter text. | | Click here to enter text. | |
| Click here to enter text. | | Click here to enter text. | |
| Email Click here to enter text. | | | Email Click here to enter text. | | |
| Relationship to applicant Click here to enter text. | | | Relationship to applicant Click here to enter text. | | |
| Referees may be contacted prior to interview. Please tick the box(es) below if you do not wish your referees to be contacted without prior notification. | | | | | |
| Referee 1 | |  | Referee 2 | |  |

# DECLARATION

Please sign the declaration below to confirm that the information you have given is correct and in line with the Data Protection Act 1998, and that you are happy for this information to be held in a secure place and used in processing your application. (If applying by email, this email will also be taken as your consent to the above declaration)

Click here to enter text. Click here to enter a date.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Candidate No. \_\_\_\_**

# EMPLOYMENT HISTORY

|  |  |  |  |
| --- | --- | --- | --- |
| **Current or most recent employment** | | | |
| Job Title | Click here to enter text. | | |
| Employer’s Name and Address | Click here to enter text. | | |
|  | Click here to enter text. | | |
|  |  | | |
| Salary/Pay Scale | Click here to enter text. |  |  |
|  |  |
| Date of Start | Click here to enter text. | Date of Finish  (if appropriate) | Click here to enter text. |
| Reason for leaving | Click here to enter text. | | |
| Summary of duties | Click here to enter text. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Previous employment (state most recent first)** | | | | |
| Employer’s name  and address | Job Title / Main duties | Date of start | Date of finish | Reason for leaving |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

# EDUCATION & QUALIFICATIONS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School / Further / Higher Education/Training** | | | | | |
| Dates of Attendance | | School/College/ University attended | Subject(s) Studied | | Grades/Qualifications/Certificate achieved |
| From | To |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. |
| **Work Related / Professional Qualifications / Membership** | | | | | |
| Dates of Attendance | | Name of Association / Institute | | Level / Grade of Membership | |
| From | To |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | |

# RELEVANT SKILLS, EXPERIENCE AND ABILITIES

|  |
| --- |
| Click here to enter text. |

**Please return your completed application form to**

**HR, Horsecross Arts Ltd, Perth Concert Hall, Mill Street, Perth, PH1 5HZ**

# or email [recruitment@horsecross.co.uk](mailto:recruitment@horsecross.co.uk)

Horsecross Arts Registered in Scotland No. 301328 Charity No. SC022400

**Equality & Diversity Monitoring Form**

Horsecross wants to meet the aims and commitments as set out in its Equality & Diversity Policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make up the of people we engage in every area of our organisation. We need your help and co-operation to do this by completing this form.

**DO NOT PUT YOUR NAME ON THIS FORM**

Access to this information will be strictly controlled in accordance with the Data Protection Act 1998. Information will be used only for statistical purposes in in which the identities of individuals will not appear. **By completing this form, you are consenting to use for this purpose only.** You do not need to complete it, if you prefer to not to share this information. The form will be separated from your application and will play no part in the selection process.

**Please read the information above before completing this form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Production/Role** | **Click or tap here to enter text.** | | | |
| **Department:** | **Click or tap here to enter text.** | | | |
| **Gender:** |  | I identify my gender as |  | I prefer not to say |
|  |  | Click or tap here to enter text. |  |  |
| **Age:** |  | What is your age? (in years) |  | I prefer not to say |
|  |  | Click or tap here to enter text. |  |  |
| **Sexual**  **Orientation:** |  | Heterosexual |  | Bi-sexual |
|  | Gay/Lesbian |  | Other (specify if you wish) |
|  | I prefer not to say |  | Click or tap here to enter text. |
| **Disability:**  Definition of disability under the Equality Act 2010. You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities | | | | |
| Do you consider yourself to have a disability? Yes:  No:  If “Yes” please indicate below the nature of your disability: | | | | |
|  | | | | |
|  |  | Visual Impairment  (Blind/partially sighted) |  | Physical Disability  (Wheelchair user/mobility difficulties) |
|  | | | | |
|  |  | Hearing Impaired  (Deaf/serious impairment) |  | Cognitive or Learning Difficulties  (Autistic Spectrum/Dyslexia) |
|  | | | | |
|  |  | Mental Health Difficulties (Depression/Bipolar/Schizophrenia) |  | Long term, Chronic Conditions  (Cancer/Heart Disease) |
|  | | | | |
|  |  | Hidden Disability (Diabetes/Epilepsy) |  | Disability not listed (specify if you wish) |
|  |  | I prefer not to say |  | Click or tap here to enter text. |
| **Nationality:** |  | | | |
| **Ethnic Group:** |  | | | |
| WHITE: |  | British |  | English |
|  |  | Scottish |  | Irish |
|  |  | Welsh |  | Other:(specify is you wish) |
|  |  |  |  | Click or tap here to enter text. |
|  | | | | |
| BLACK: |  | African |  | Other (specify if you wish) |
| Black Scottish/ English/ Welsh or other Black British |  | Caribbean |  | Click or tap here to enter text. |
|  | | | | |
| MIXED: |  | White and Asian |  | White and Black African |
|  |  | White and Black Caribbean |  | Other (specify is you wish) |
|  |  | White and Chinese |  | Click or tap here to enter text. |
|  | | | | |
| ASIAN: |  | Bangladeshi |  | Chinese |
| Asian Scottish/ English/ Welsh or other Asian British |  | Indian |  | Other (specify is you wish) |
|  |  | Pakistani |  | Click or tap here to enter text. |
|  | | | | |
| ANY OTHER ETHNIC BACKGROUND: |  | Not applicable |  | I prefer not to say |
|  | | | | |
| **Language:** |  | Yes |  |  |
|  |  | No (specify if you wish) |  | Click or tap here to enter text. |
| **Religion or Belief:** | Do you regard yourself as belonging to any particular religion? Yes:  No: | | | |
|  | | | | |
|  |  | Buddhist |  | Muslim |
|  |  | Christian |  | Hindu |
|  |  | Jewish |  | Sikh |
|  |  | I prefer not to say |  | Any other religion or belief (specify if you wish) |
|  |  |  |  | Click or tap here to enter text. |

**Thank you for completing this form**

**Please return your completed application form to**

**HR, Horsecross Arts Ltd, Mill Street, Perth, PH1 5HZ**

# or email [recruitment@horsecross.co.uk](mailto:recruitment@horsecross.co.uk)

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