

Application for employment

1 **Application for employment**

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| Post applied for:  Where did you first see this post advertised? : |

2 **Personal details**

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| Surname/Family name:  Title (eg Mr, Mrs, Ms, Dr):  First name:  Preferred name:  Address:  Postcode:  Home telephone number:  Work telephone number:  Mobile telephone number:  Email address:  Do you hold a valid driving licence?  Yes  No  If yes, is it full or provisional?  Full  Provisional  National Insurance Number:  Will you require a work permit to take up employment in the UK ? (Non-EU Citizens only).  Yes  No |

3 **References**

Please provide details below of two referees who have direct knowledge of your work, one of whom should be your current or most recent employer.

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| --- | --- |
| May we contact this referee prior to interview?  Yes  No  Your present or most recent employer  Name:  Company Name:  Address:  Postcode:  Telephone number:  Email:  Position: | May we contact this referee prior to interview?  Yes  No  Name:  Company Name:  Address:  Postcode:  Telephone number:  Email:  Position: |

4 **Experience and Skills**

Present or most recent employer

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of organisation | Job Title (state full or part time) | Employed from | Employed to | Notice required | Salary |
|  |  |  |  |  |  |
| Describe your main duties and responsibilities and indicate your reasons for leaving: | | | | | |

Previous employment (most recent first)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and address of organisation (state if full or part time) | Job title | Employed from | Employed to | Main duties and responsibilities and reason for leaving |
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(please continue on a separate sheet if required)

5 **Education and qualifications**

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| --- | --- | --- | --- | --- |
| School/college/university attended | from | to | Qualifications obtained, examinations passes or studies currently being undertaken. State level and subject | Grade |
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6 **Professional development**

List any award-bearing or non-qualification training courses you have undertaken relevant to this position.

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| --- | --- | --- | --- |
| Course title | Date attended and duration | Brief Details | Award (if appropriate) |
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7 **Membership of professional bodies**

List details of any professional organisations to which you belong

|  |  |  |
| --- | --- | --- |
| Name of body | Level of membership | Date obtained |
|  |  |  |
|  |  |  |
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8 **Information in support of your application**

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| Please use this space to describe the following (attach a continuation sheet if necessary):   * Your interest in this vacancy * The relevant experience, skills and qualifications you can bring to the post |
|  |

9 **Rehabilitation of Offenders Act 1974**

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| Have you ever been convicted of a criminal offence (spent convictions as defined by the Rehabilitation of Offenders Act 1974 being specifically excluded) ? :  Yes  No  This information may be confirmed by the Disclosure and Barring Service |

10 **Declaration**

I declare that to the best of my knowledge the information provided on this form is accurate. I understand and acknowledge that any false statement wilfully given or the withholding of any relevant information may result in the withdrawal of any offer of employment or termination of employment as appropriate

|  |  |
| --- | --- |
| Signed: | Date: |

Please note that for the successful candidate, the information provided will be used to create a confidential computer and manual based file, the use of which complies with the provision of the Data Protection Act 1998

**The completed application form should be returned by the closing date stated in the advertisement to the Academy of Contemporary Music:**

**Email: recruit@acm.ac.uk**

**Post: HR Department, The Rodboro Buildings, Bridge Street, Guildford, Surrey, GU1 4SB**

**Equal Opportunities Monitoring Form**

The Academy of Contemporary Music is committed to ensuring that applicants are selected for appointment on the basis of their abilities relevant to the job. Completion of this section will help us to ensure that our policies and procedures are effective in avoiding discrimination and promoting equal opportunities in recruitment.

Please indicate by ticking the appropriate boxes:

|  |
| --- |
| **General Information**  Are you:  Male  Female  Indeterminate (unable to be classified as male or female)  Title:  First Name:  Surname:  Marital Status:  Not Married  Married/Civil Partnership  NB. Not married includes single, widowed and divorced  Date of Birth: |

Monitoring Ethnicity

The information provided will help us to ensure that our policies and practices do not inadvertently discriminate against you because of your ethnicity. Any information you provide here will only be used to monitor the effectiveness of our policies and we will take steps to ensure this information remains confidential to our HR team.

Ethnic Group

Choose ONE section from A to F, then tick the appropriate box to indicate your background:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A – White British** | | **B – Mixed** | | **C – Asian / Asian British** | |
| British |  | White & Black Caribbean |  | Indian |  |
| Irish |  | White & Black African |  | Pakistani |  |
|  | | White & Asian |  | Bangladeshi |  |
| Other White Background  (please specify below) | | Other Mixed Background (please specify below) | | Other Asian Background  (please specify below) | |
|  | |  | |  | |
| **D - Black / Black British** | | **E – Chinese / Chinese British** | | **G – Information Refused** | |
| Caribbean |  | Chinese |  | Information Refused |  |
| African |  | **F – Other** | |  | |
| Other Black Background  (please specify below) | | Other Ethnic Background (please specify below) | |
|  | |  | |

The ethnic group section set out approved categories for monitoring ethnicity as used in the 2001 Census of Population.

Disability Monitoring

Employees with a disability or health condition are entitled in law to ‘reasonable adjustments’ to address their support needs in the workplace. Therefore we are interested in any disability or health condition that may require a reasonable adjustment in order to overcome such barriers.

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| Do you consider that you have a disability?  Yes  No  Below are the Categories for disability – please tick all that apply:  Specific learning disability (such as dyslexia or dyspraxia)  General learning disability (such as Down’s Syndrome)  Cognitive impairment (such as autistic spectrum disorder or resulting from a head injury)  Long standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease or epilepsy)  Mental health condition (such as depression or schizophrenia)  Physical impairment or mobility issues (such as difficulty using arms or using a wheelchair or crutches)  Deaf or serious hearing impairment  Blind or serious visual impairment  Other type of disability (please state): |

Signed:       Date:

Please return this form along with your application form.