******

Soulisquoy Printmakers Ltd is a registered Scottish Charity No SC078868

Registered Office: c/o Buckquoy, Harray, Orkney, KW17 2JS

**APPLICATION FORM: PROGRAMME & WORKSHOP MANAGER**

We welcome applications in a format that best suits the applicant. If you would prefer to submit your application in another format you should use the form below as guidance for the information that we require to assess your application. All information given will be held in the strictest confidence. If you wish to discuss another format please contact [lauradrever@hotmail.com](mailto:lauradrever@hotmail.com)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YOUR PERSONAL DETAILS** | | | | | |
| **First Name(s):** |  | | **Surname:** |  | |
| **Address:** |  | | | | |
|  | | | | **Postcode:** |  |
| **Telephone Number:** |  | **Mobile Number:** | |  | |
| **National Insurance Number:** | | | | | |

|  |
| --- |
| **How did you hear about this post:** |

|  |  |  |
| --- | --- | --- |
| **Do you require a work permit to work in the UK?** | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| DETAILS OF YOUR PRESENT / MOST RECENT EMPLOYMENT | | | |
| Employer’s Name: |  | | |
| Job Title: |  | | |
| Date Appointed |  | Notice Period: |  |
| Summary of Duties: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer’s Name & Address** | **Job Title & Brief Description of Duties** | **Dates** | |
| **From** | **To** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **YOUR EDUCATIONAL/TRAINING RECORD** | | | |
| **Further/Higher Education** Name of Institution | **Dates** | | **Courses/subjects taken, detailing achievements** |
| **To** | **From** |
|  |  |  |  |

|  |
| --- |
| **Training/Development/Professional membership details** |
|  |

|  |
| --- |
| **Please tell us something about yourself and your reasons for applying for this post** |
| **Please tell us about your previous experience and how it is relevant to this post.** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **REFERENCES**   Please give details of two people whom we may contact for a reference. These referees should have knowledge of you in a working environment, either paid or unpaid. One should be your current or last employer. | | | | | | |
| **REFEREE 1** | | | | | | |
| **Name:** |  | | | | | |
| **Job Title:** |  | | | | | |
| **Company:** |  | | | | | |
| **Address:** |  | | | | | |
| **Post Code:** |  | | | | | |
| **Telephone:** |  | | **Email:** |  | | |
| **May we contact this person without your prior arrangement** | | | | | **YES** | **NO** |
| **Relationship to you:** | |  | | | | |
|  | | | | | | |
| **REFEREE 2** | | | | | | |
| **Name:** |  | | | | | |
| **Job Title:** |  | | | | | |
| **Company:** |  | | | | | |
| **Address:** |  | | | | | |
| **Post Code:** |  | | | | | |
| **Telephone:** |  | | **Email:** |  | | |
| **May we contact this person without your prior arrangement** | | | | | **YES** | **NO** |
| **Relationship to you:** | |  | | | | |

|  |
| --- |
| **Equalities Act 2010** Soulisquoy Printmakers welcomes applications from disabled people and will make reasonable adjustments for candidates to participate on equal terms in the recruitment process and fulfil the duties of the post if selected.   If there are any adjustments you may require Soulisquoy Printmakers to make in order to assist in your application or interview please provide details on a separate sheet. This sheet will be detached from the application form on receipt.   **Please note you do not have to disclose any disability.** |

|  |  |
| --- | --- |
| **Declaration** | |
| I declare that the information given in this form is complete and accurate. I understand that the information recorded on this form will be retained by Soulisquoy Printmakers purely for the purpose of selection for the post I am applying for.  Please note that if applying by email, this email will also be taken as your consent to the above declaration. In addition, if invited for interview, you will be required to sign this form on the interview date. | |
| **Signature:** | **Date**: |

|  |
| --- |
| Email: |
| **lauradrever@hotmail.com** |