

APPLICATION FORM

Post: Marketing Officer

**Closing date:** Thursday 16 February (10am)

**Interviews:** w/c 27 February

All sections of this form must be completed in black ink or print.

Please make sure you complete the separate Equal Opportunities Monitoring Form and include that with your application.

Please return this form for the attention of Alex Corwin to a.corwin@kalasangam.org

Alternatively, the form can be posted to or submitted in person to:

Alex Corwin, Kala Sangam, St Peter’s House, 1 Forster Square, Bradford, BD1 4TY

to arrive no later than the advertised closing date.

**PERSONAL DETAILS**

**NAME:**

**TITLE:** Mr [ ]  Miss [ ]  Mrs [ ]  Ms [ ]  Other [ ]

**DATE OF BIRTH:**

**NATIONALITY:**

**NATIONAL INSURANCE NUMBER:

ADDRESS (INCLUDING POSTCODE):**

 **CONTACT TELEPHONE NUMBER:**

**EMAIL ADDRESS:**

**REFERENCES**

Please give the names and addresses of TWO referees known to you personally, one of whom should be your present or most recent employer (if previous employers know you by another name, please state this).

May we contact these referees prior to interview? YES [ ]  NO [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Job Title: |  | Job Title: |  |
| Address and Postcode: |  | Address and Postcode: |  |
| Email: |  |  |  |
| Telephone Number: |  | Telephone Number: |  |

**CURRENT OR MOST RECENT EMPLOYMENT**

|  |  |
| --- | --- |
| JOB TITLE: | EMPLOYER: |
| LENGTH OF NOTICE: | ADDRESS: |
| FULL TIME [ ]  PART TIME [ ]  |
| START DATE: |
| SALARY (GROSS): |
| NOTICE REQUIRED: |
| **SUMMARY OF PRESENT RESPONSIBILITIES AND DUTIES** (Please provide any relevant experience in respect of the post you are applying for. Please continue onto a separate sheet if necessary) |

**PREVIOUS EMPLOYMENT**

Please list the most recent first and give dates in month/year format.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME & ADDESS OF EMPLOYER | POSITION HELD | FROM | TO | REASON FOR LEAVING |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SUPPORTING INFORMATION**

Please detail any experience or information you feel would support your application which is not detailed elsewhere in this application form. Please use this space to demonstrate how you meet the criteria in the Person Specification.

|  |
| --- |
|  |

**PERSONAL INFORMATION**

Please use this section to tell us a little more about yourself and your interests outside of work.

|  |
| --- |
|  |

**EDUCATION**

Please list your highest level of education achieved first.

|  |  |  |  |
| --- | --- | --- | --- |
| SUBJECT | LEVEL (e.g GCSE/AS/BSc) | DATE | GRADE |
|  |  |  |  |

**TRAINING AND DEVELOPMENT**

Please list any training completed or qualifications held that may be relevant to the role.

|  |  |  |  |
| --- | --- | --- | --- |
| TITLE | PROVIDER | DATE | DURATION(no. of days/weeks) |
|  |  |  |  |

**OTHER INFORMATION**

**Do you consider yourself to have a disability?** YES [ ]  / NO [ ]

If yes, please tell us of any arrangements we can make in order to assist you with your interview.

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**Do you possess a current driving licence?** YES [ ]  / NO [ ]

**If yes, do you have regular access to a car?** YES [ ]  / NO [ ]

**Do you have permission to work in the UK?** YES [ ]  / NO [ ]

If you are a non-EU Citizen, you will be required to provide

evidence of your permission to work in the UK.

**Have you received any criminal convictions except those**

**‘spent’ under the Rehabilitation of Offenders Act 1974?** YES [ ]  / NO [ ]

If yes, please provide details of the conviction below.

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**Employment in this post is subject to a successful enhanced Disclosure and Barring Service (DBS) application.**

**DECLARATION**

I certify that the information given on this form is true and correct to the best of my knowledge and I understand that giving false or misleading statements or withholding material or information may result in disciplinary action, including dismissal. I understand that the appointment, if offered, will be subject to satisfactory references.

Signature of applicant: Date: