Application form



Position applied for

Please help us by telling us how you heard o	f this vacancy:		
Personal details			
First name:			
Last name:			
Address:			
Postcode:			
Email:			
Tel (home): Te	l (work):	Mobile:	
Education and training Please include secondary and tertiary educa	tion, along with any professional a	nd vocational trainin	g courses attended.
School/College/University/Organisation	Examinations Taken/Cou	rses Attended	Grade Attained
Evidence of qualifications may be required in	n the event of an offer of employm	ent being made.	
Membership of Professional Ass	sociations or Trade Bodie	S	
Name of Association	Membership Grade	Was members	ship by examination?

Present (or most recent) employer Name of employer: Address of employer: Telephone number: Type of business: Job title: Date commenced: Date of leaving: (if applicable) Reason for leaving: (if applicable) Present/final wage/salary: Other benefits: Notice required: Brief summary of duties and responsibilities in the above post: **Employment history** Please list all previous jobs (and any gaps in your employment history – you may be asked to discuss these at interview) in chronological order, starting with the earliest. Name and address of employer: Job title and brief summary of duties: Salary: Length of time in post/gap in employment: Years Months Reason for leaving: Name and address of employer: Job title and brief summary of duties: Length of time in post/gap in employment: Years Salary: Months Reason for leaving: Name and address of employer: Job title and brief summary of duties: Salary: Length of time in post/gap in employment: Years Months Reason for leaving: Name and address of employer: Job title and brief summary of duties: Salary: Length of time in post/gap in employment: Years Months Reason for leaving:

Additional information

Please provide further information in support of your application, your reasons for applying for this post and how your skills, experience and personal qualities relate to the Job Description and Candidate Profile. Please continue on an additional sheet if necessary.

CVs may be included with your application, but not as a replacement for this section.

Please indicate your sports, hobbies or any other interests:

Personal Health The appointment may be subject to m	nedical clearance.	
Have you had any medical condition wh which has been a factor in previous emp	ich might affect your ability to carry out th	e responsibilities of this post or
Yes	No	
If yes, please give details below:		
How many sick days have you had in the	e last 2 years and why?	
Would you be willing to complete a med your medical consultant?	dical questionnaire if required and agree t	o us approaching your GP and/or
Yes	No	
Character enquiry Rehabilitation of offenders act 1974 a	s amended and police act 1997.	
Have you ever been convicted of a crimi	inal offence which under the provisions of	the above Acts are not spent?
Yes	No	
Have you ever been charged with any of		
Yes	No	
Are you an un-discharged bankrupt?	Na	
Yes	No	
ii the answer to any of the above question	ons is "Yes", please give full details below	•
Do you hold a current driving licence?	Yes	No
Type of licence:	Full	Provisional
Do you have any penalty points?	Yes	No

References

Please give the names of two people, one of whom should be your current or most recent line manager, who are able to provide references relating to your work experience (if applicable), character and suitability for the post.

1.			
Name:		Position:	
Address:			
Telephone:			
Relationship to	yourself:		
2.			
Name:		Position:	
Address:			
Telephone:			
Relationship to	yourself:		
Are you willing	for your prese	ent employer to be approached before interview?	
Yes	No		
Do your referee	s know you b	by any other name, such as your maiden name?	
Yes	No	If "Yes", please tell us your name:	
Declaration	1		
I am legally ent	itled to work i	in the United Kingdom.	
	give false info	e and belief the information given in this application is accurate. I understand that ormation which is discovered at a later date, my contract of employment could be	
Signature:		Date:	

Thank you for your interest in this post. There will be no written acknowledgment of receipt of your application, unless a stamped addressed envelope is enclosed for this purpose.

Please return your completed Application Form, together with the Equal Opportunities Monitoring Form to:

Buxton Opera House 5 The Square Buxton SK17 6AZ

Equal opportunities monitoring form

High Peak Theatre Trust is an equal opportunities employer. To avoid the possibility of discrimination this form will not be made available at any stage in the recruitment process to the short-listing or interview panel.

The Trust will be pleased to consider applications from candidates with disabilities who meet the requirements of the Candidate Profile. Representatives of the company are happy to discuss any potential access issues that might arise from working in our venues or offices. If you may need us to make a reasonable adjustment to the working environment, please provide details on an additional sheet.

1. General deta	nils			
Surname:				••••
Other names in full:				
Post applied for:		Date of birth:		
Please tick the appr	opriate boxes below:			
2. Gender				
Male Fema	ale			
3. Disability				
Do you consider your	rself to be a disabled pers	son as defined by The D	isability Discrimination Act 1995?	
Yes	No			
If "Yes", please give f	full details below:			
4. Ethnic origin				
I would describe my	ethnic origin as:			
White	Irish	Indian	Pakistani	
Black-African	Black Caribbean	Black-Other	Bangladeshi	
Chinese	Other			
5.				
Are you related to, or	have any connection with	n an employee or board	l member from High Peak Theatre Trust'	?
Voc	No.			

If "Yes", please give full details below: