

APPLICATION FORM

POSITION APPLIED FOR:

Please help us by telling us how you heard of this vacancy:

PERSONAL DETAILS

SURNAME:

ADDRESS:

INITIALS:

TELEPHONE

HOME:

WORK:

MOBILE:

POSTCODE:

EDUCATION AND TRAINING

Please include secondary and tertiary education, along with any professional and vocational training courses attended

NAME OF SCHOOL/COLLEGE/ UNIVERSITY/ORGANISATION	EXAMINATIONS TAKEN/ COURSES ATTENDED	GRADE ATTAINED

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 AND OTHER INTERESTS.

PERSONAL HEALTH

THE APPOINTMENT MAY BE SUBJECT TO MEDICAL CLEARANCE.

Have you had any medical condition which might affect your ability to carry out the responsibilities of this post or which has been a factor in previous employment?

Yes No If yes, please give details below

How many sick days have you had in the last 2 years and why?

Would you be willing to complete a medical questionnaire if required and agree to us approaching your GP and/or your medical consultant?

CHARACTER ENQUIRY

REHABILITATION OF OFFENDERS ACT 1974 AS AMENDED AND POLICE ACT 1997

Have you ever been convicted of a criminal offence which under the provisions of the above Acts are not spent? Yes No

Have you ever been charged with any offence which is still pending?

Yes No

Are you an un-discharged bankrupt?

Yes No

If the answer to any of the above questions 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 present employer to be approached before interview?

Yes No

Do your referees know you by any other name, such as your maiden name?

Yes No If "Yes", please tell us your name:

DECLARATION

I am legally entitled to work in the United Kingdom.

To the best of my knowledge and belief the information given in this application is accurate. I understand that if I deliberately give false information which is discovered at a later date, my contract of employment could be terminated immediately.

Signature:

Date:

Thank you for your interest in this post. There will be no written acknowledgement 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:

Chief Executive
Opera House
Water Street
Buxton
Derbyshire SK17 6XN

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 will be delighted to discuss with prospective candidates any mobility problems presented by working within the confines of Buxton Opera House or its offices at No. 5 The Square, Buxton. It is important in such cases that candidates who might wish the Trust to consider making reasonable adjustments to its working environment do so at the appropriate stage, using an additional sheet.

1. GENERAL DETAILS

Surname:

Other names in full:

Post applied for:

Date of Birth:

PLEASE TICK THE APPROPRIATE BOXES BELOW:

2. GENDER

Male Female

3. DISABILITY

Do you consider yourself to be a disabled person as defined by The Disability Discrimination Act 1995? Yes No

If Yes, please give details:

4. ETHNIC ORIGIN

I would describe my ethnic origin as :

- | | | | | | | | |
|---------------|--------------------------|-----------------|--------------------------|-------------|--------------------------|-------------|--------------------------|
| WHITE | <input type="checkbox"/> | IRISH | <input type="checkbox"/> | INDIAN | <input type="checkbox"/> | PAKISTANI | <input type="checkbox"/> |
| BLACK-AFRICAN | <input type="checkbox"/> | BLACK CARIBBEAN | <input type="checkbox"/> | BLACK-OTHER | <input type="checkbox"/> | BANGLADESHI | <input type="checkbox"/> |
| CHINESE | <input type="checkbox"/> | OTHER | <input type="checkbox"/> | | | | |