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| Title of post applied for: | **Transforming Narratives Administrator** |

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| JOB APPLICATION FORM |

**Return application alongside with any supporting documents to** [**transformingnarratives@culturecentral.co.uk**](mailto:transformingnarratives@culturecentral.co.uk) **by Friday 24th May, 5pm.**

Please write clearly in black ink or type.

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| **1. PERSONAL DETAILS** (BLOCK CAPITALS PLEASE)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Surname: | |  | | |  |  | | Former surnames if different: | |  | | | Preferred Name or Title (Optional): |  | | Address: | | | | | Tel No (home): |  | | Tel No (business): |  | |  | | | | | Tel No (mobile): |  | |  | | |  | | Fax No: |  | | E-Mail address: | | |  | | Nat. Insurance No: |  | | Nationality: |  | | | If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit. | | | | Do you need a work permit to be employed in the UK? | | | Yes  No | If you already have a work permit, when does it expire?  (Please note that your current work permit may not be valid for this post.) | | | | Where did you learn of the post? | | | |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Preferred work arrangements: | Full-time | Job share | Term time only | 30 hrs a week | |

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| **2. EDUCATION AND PROFESSIONAL QUALIFICATIONS**  (Original documents as proof of qualification will be required at interview.)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Secondary School / College / University | Dates | | Examinations taken | Date | Result | | From | To | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |

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| |  | | --- | | Professional Qualifications currently held: how obtained, grade and date |  |  | | --- | | Other relevant Educational or Training Courses, with dates | |

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| **3. PRESENT POST**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Title of Post: |  | | | Salary/Grade: | |  | | Name of Employer: |  | | | Business of Employer: | |  | | Address: | | | | Date Commenced: | |  | | Date Ended (if applicable): | |  | |  | | | |  | |  | |  | |  | |  | |  | | Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable): | | | | | | | | Reason for leaving or wishing to leave: | | | What a balance of strategic planning and creative practice | | | | | Period of notice required to terminate present employment: | | | | | 4 weeks | | | Please notify us of any dates you are available for interview: | | | | | | | |

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| **4. RELEVANT SKILLS, ABILITIES, KNOWLEDGE, EXPERIENCE AND YOUR REASONS FOR APPLYING FOR** |

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| **5. OTHER INFORMATION**   |  |  |  |  | | --- | --- | --- | --- | | What activities outside work interest you? (State any positions held you consider relevant.) | | | | | Do you hold a current driving licence? | Yes  No | Do you have access to a car? | Yes  No |  |  |  | | --- | --- | | Disabilities | | | If selected for interview, do you require any special arrangements to be made on account of a disability? | Yes  No | | If “yes”, please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview and fulfill our obligations under the Equality Act 2010: | |  |  |  | | --- | --- | | Rehabilitation of Offenders Act 1974 | | | Have you any convictions that are not spent under Rehabilitation of Offenders Act and are not minor motoring offences? | Yes  No | | If Yes, please provide further details: [Spent convictions do not have to be declared] | | | Your post may be subject to Enhanced Disclosure with the Disclosure and Barring Service (DBS). If this is the case, it will be indicated on the person specification. If your post is subject to disclosure, and the disclosure reveals something that is not to the employer’s satisfaction, your employment will be terminated. If you know of any reason why you would not achieve a successful Enhanced Disclosure from the DBS please provide details on a separate sheet and attach to your application in a sealed envelope marked “CONFIDENTIAL”. | | |

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| **6. REFERENCES**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Referee 1 | | | | Referee 2 | | | | | | Title (Mr, Mrs etc): |  | | | Title (Mr, Mrs etc): |  | | | | | Full Name: |  | | | Full Name: |  | | | | | Job Title: |  | | | Job Title: |  | | | | | Organisation: |  | | | Organisation: |  | | | | | Address:  Belgrade Square | | | | Address:  Wellington Circus | | | | | |  | | | |  | | | | | | Coventry | | CV1 1GS | | Nottingham | | NG1 5AF | | | | Tel No: |  | | | Tel No: |  | | | | | E-mail address: |  | | | E-mail address: |  | | | | | Fax No: |  | | | Fax No: |  | | | | | Please state if we may obtain this reference prior to interview. | | | Yes  No | Please state if we may obtain this reference prior to interview. | | | Yes  No | |

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| **7. DECLARATION**   |  |  |  |  | | --- | --- | --- | --- | | I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment. | | | | | Signature: |  | Date: |  | | Name: |  |  | | | The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment. | | | | |

## EQUAL OPPORTUNITIES MONITORING FORM

**Culture Central is committed to making its Equal Opportunities Policy fully effective. In particular the Theatre aims to ensure that no-one receives less favourable treatment on the grounds of race, colour, nationality, ethnic or national origin, sex, culture, disability, marital status, sexuality, age, responsibility for dependants, religion or trade union activity.**

**Your co-operation in completing this form is greatly appreciated. We stress that any information you give will be strictly confidential to our administrative department and will not be available to anyone else. You are not obliged to answer any of the questions. If you do not wish to answer any particular question or questions, please feel free to leave it blank.**

## *Ethnic Origin*

|  |  |  |  |
| --- | --- | --- | --- |
| **White** |  |  |  |
| White British | White Irish | Other White |  |
| **Asian or Asian British** |  |  |  |
| Asian Bangladeshi | Asian Indian | Asian Pakistani | Other Asian |
| **Black or Black British** |  |  |  |
| Black African | Black Caribbean | Other Black |  |
| **Other Ethnic Origin** |  |  |  |
| Chinese | Other |  |  |
| **Mixed Heritage** |  |  |  |
| Asian/White | Black African/White | Black Caribbean/White | Chinese/White |
| Other Mixed Heritage |  |  |  |

### *Gender*

##### Male Female Non-Binary

#### *Age*

|  |  |
| --- | --- |
|  | up to 1943  |
|  | 1944-1963  |
|  | 1964-1983  |
|  | 1984 and after  |

#### *Disability* Would you describe yourself as a disabled person?

Yes No