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| **Please complete this form and return by post to: Mags Smillie** |
|  |  |  **Head of Finance** **Citizens Theatre** **119 Gorbals Street, Glasgow, G5 9DS****Or by email to: mags@citz.co.uk**  |
|  |  |  |

Thank you for applying for a position at the Citizens Theatre. Your details will be treated with the strictest confidence.

We would invite you to complete the online equalities monitoring form. The provision of information is entirely voluntary: [**https://www.surveymonkey.co.uk/r/CitzEqualOps**](https://www.surveymonkey.co.uk/r/CitzEqualOps)

If you have a disability or impairment which makes you unable to complete this form or any other part of the process, please contact us to make alternative arrangements.

### Data Protection

By providing the information contained within this application form, you are consenting to its use for the purpose of processing your application, assessing your performance in the future (should your application be successful) and monitoring the efficiency of our recruitment and other employment procedures. We reserve the right to validate all information entered on this form. If your application is unsuccessful, your details will be retained for six months.

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| **DETAILS OF VACANCY** |
| Job Title |  Finance Manager |
| Location |  Citizens Theatre |
| How did you learn of this vacancy? Please tick | Newspaper 🞏 Personal Introduction 🞏Agency 🞏 Citizens Website 🞏Other 🞏 Please state: |

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| PERSONAL DETAILS |
| Surname |  Mr/Mrs/Ms/Miss/Dr (delete as applicable) |
| Forenames |  |
| Address |  |
|  |  |
|  |  |
| Postcode |  |
| Work Telephone |  |
| Home Telephone |  |
| Mobile Telephone |  |
| Email Address |  |

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| WORK PERMIT / NATIONAL INSURANCE NUMBER |
| Do you require a work permit to work in the United Kingdom? | Yes | No | (delete as applicable) |
| Please enter your National Insurance Number. |  |



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| **CURRENT/MOST RECENT EMPLOYMENT**  |
| Job Title |  |
| Employer’s Name |  |
| Employer’s Address |  |
|  |  |
| Start Date |  | End Date |  |
| Salary |  |
| Notice Required |  |
| Brief Outline of Duties and Responsibilities |  |
| Reason for Leaving |  |
| **PREVIOUS EMPLOYMENT**  |
| Job Title |  |
| Employer’s Name |  |
| Employer’s Address |  |
|  |  |
| Start Date |  | End Date |  |
| Salary |  |
| Brief Outline of Duties and Responsibilities |  |
| Reason for Leaving |  |
| Job Title |  |
| Employer’s Name |  |
| Employer’s Address |  |
|  |  |
| Start Date |  | End Date |  |
| Salary |  |
| Brief Outline of Duties and Responsibilities |  |
| Reason for Leaving |  |



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| --- | --- |
| Job Title |  |
| Employer’s Name |  |
| Employer’s Address |  |
|  |  |
| Start Date |  | End Date |  |
| Salary |  |
| Brief Outline of Duties and Responsibilities |  |
| Reason for Leaving |  |
| Job Title |  |
| Employer’s Name |  |
| Employer’s Address |  |
|  |  |
| Start Date |  | End Date |  |
| Salary |  |
| Brief Outline of Duties and Responsibilities |  |
| Reason for Leaving |  |

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| SECONDARY AND FURTHER EDUCATION AND TRAINING |
| School/College/University | Dates attended | Courses attended / Exams taken / Professional Qualifications / NVQs / Training Courses (include grades attained) |
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| **SUPPORTING STATMENT** |
| Please supply a statement in support of your application. This will help us identify how your particular skills match up to the requirements of the job. It is therefore important that you tell us as much as possible about yourself in relation to **all the items listed in the job description and person specification**. |
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| HEALTH RECORD / CRIMINAL RECORD |
| Have you 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 | (delete as applicable) |
| If Yes please give further information. |
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| Are you willing to be examined by a doctor appointed by the Citizens if required? | Yes | No | (delete as applicable) |
| Have you been convicted of any criminal offences which are not yet spent under the Rehabilitation Of Offenders Act 1974? | Yes | No | (delete as applicable) |
| If Yes please give further information on a separate  |  |  |  |
|  page & submit in a sealed envelope |  |  |  |
| Are you facing any criminal prosecutions? | Yes | No | (delete as applicable) |
| If Yes please give further information on a separate |  |  |  |
| page & submit in a sealed envelope |  |  |  |

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| REFERENCES |
| Please give the names and addresses of two referees, one of whom should be your present or most recent employer. Your referees will not be contacted prior to interview or without your permission. |
| Name | Name |
| Position | Position |
| Company | Company |
| Address | Address |
| Telephone | Telephone |

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| ACCESS REQUIREMENTS |
| Do you have any access requirements which should be considered as part of your interview?  |
| 🞏 Level Access 🞏 BSL interpretation 🞏 Hearing loop 🞏 Other access requirement (please give details below) |

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| DECLARATION |
| I declare that the information contained in this form is true and complete. I understand that it will be treated as part of any subsequent contract of employment. I understand that if it is then discovered that any statements are false or misleading I will be liable to have my application disqualified or subsequently will be liable to be dismissed from the Citizens Theatre’s employment. |
|  Signed | Date |
|  |  |