­­

**CITY ARTS**

**DEPUTY DIRECTOR (Finance and Operations)**

**APPLICATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal Details** |  | | | | |
| Surname |  | | | | |
| Forename(s) or other names |  | | | | Title: |
| Address for correspondence |  | | | | |
|  | | | | |
|  | | | | Postcode: |
| Telephone | Home: | | Work: | | |
| E-mail address |  | | | | |
| Other contact |  | | | | |
| Fax |  | | | | |
| National Insurance No.  (if known) |  | | | | |
| Do you need a work permit to take up this appointment? |  | Are you a UK or EU/EEA national? | |  | |
| Please give details of any dates that you would not be available for interview: |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Education** | Please continue on a separate sheet if necessary | | |
| Secondary School | From | To | Qualification gained, subject, grade and date |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Further, Higher and/or Professional Education** | | | |  | | |
| Secondary School / College / University | From | | To | Qualification Gained | | |
|  |  | |  |  | | |
| **Professional Membership / Awards (include name of institution/organisation, grade of membership and date of award)** | | | | | | |
| Name of Institute / Professional Body | | Level of Membership | | | Date Achieved | Is your membership current |
|  | |  | | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Vocational / Other Training and Development relevant to this position** | | | |
| Date (mm/yyyy) | Duration | Course Title / Activity | Provider |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employment History** | **Present or most recent employment** | | |
| Name, Address and Telephone number | Date(s) employed | Salary and Review Date | Position(s) held |
|  |  |  |  |
| Outline of duties and responsibilities: | | | |
| Notice period: | | | |
| Date and reason(s) for leaving (if appropriate): | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Employment** | **Please list in chronological order, most recent first.** | | |
| Name, Address and Telephone Number | Dates(s) employed | Position(s) held and outline of duties and responsibilities | Reason for Leaving |
|  |  | . |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional supporting information** | Please state how your skills, knowledge and experience meet the criteria of the Job Description and Person Specification and would enable you to perform this role. Continue on a separate sheet if necessary. | | |
|  | | | |
| **References - please tick the box below if you do not want your referee to be contacted prior to interview** | | Please supply the name and address of **two** persons for references. Referee 1 must be your current or most recent employer. | |
| Referee 1 | | Name |  |
| Position |  |
| Address |  |
|  |
|  |
| Tel |  |
| Email |  |
| Referee 2 | | Name |  |
| Position |  |
| Address |  |
|  |
|  |
| Tel |  |
| Email |  |

|  |  |
| --- | --- |
| **General Information:** |  |
| Do you have a full current driving licence that allows you to drive in the UK? |  |
| Do you have the use of a car or other form of transport? |  |
| Where did you see this post advertised? | |
| Have you ever been convicted of a criminal offence other than ‘spent convictions’ as defined in the Rehabilitation of Offenders Act 1974, have you ever been cautioned by the police or are you the subject of criminal charges? (If so, please give details) | |

|  |  |
| --- | --- |
| **Health / Medical Details :** | |
| Are you aware of any medical condition or other medical grounds that might affect your ability to carry out the duties in the job description? | **Yes / No** |
| If you answered yes please give details: | |

I declare that the information contained in this application is correct to the best of my knowledge and understand that any false statement or omission may result in my application being withdrawn or my appointment being terminated. Any information provided will be used during the recruitment and selection process, certain details may be processed electronically and in manual form and held on a personnel file, if you are appointed, in accordance with the Data Protection Act (1998).

|  |  |
| --- | --- |
| Signature : | Date: |

Please return completed forms marked **‘Private and Confidential’** to:

**Madeline Holmes**

**City Arts Nottingham**

**11-13 Hockley**

**Nottingham**

**NG1 1FH**

**or email to** [recruitment@city-arts.org.uk](mailto:recruitment@city-arts.org.uk)

Closing Date: Friday 17 August 10 am

Successful applicants for interview will be notified by email or telephone.

If you have not heard from us by the 20 September you may assume that you have not been shortlisted for interview.