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| **Position applying for:** |  |

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| **Personal Details** | |
| First Name |  |
| Surname |  |
| Preferred Title |  |
| Previous Surnames |  |
| National Insurance No |  |
| Do you hold a current Driving License |  |
| **Contact Details** | |
| Full address, including postcode |  |
| Home Phone |  |
| Mobile Phone |  |
| Email Address |  |

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| **Disability and Accessibility** |
| The Yorkshire Academy of Creative Arts & Dance is committed to ensuring that applicants with disabilities or impairments receive equal opportunities and treatments. If you have a disability or impairment and would like us to make adjustments to assist if you are called for an interview, please state the arrangements you require below. |
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| **Most Recent Employment Details** | | | | | |
| Job Title | Name and Address of Employer | Dates Employed  Month & Year | Permanent or Temporary | Part-time or Full-time | Salary Details (Including Allowances) |
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| Description of Responsibilities (Bullet point format): | | | | | |
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| **Previous Employment – Most Recent First (please add additional boxes if required)** | | | |
| Job Title | Name and Address of Employer | Dates Employed  Month & Year | Reason for Leaving |
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| Please provide a description of responsibilities (Bullet point format) | | | |
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| **Gaps in Employment**  ***Please provide details of any gaps in employment (secondary education onwards). This is essential for safer recruitment purposes and MUST be completed for your application to be considered.*** | |
| Dates: | Reason: |
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| **Training and Professional Development** | | | | |
| Course Dates | Length of Course | Course Title | Qualification Obtained | Course Provider |
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| **Supporting Statement** |
| Please list in **bullet point format** any skills, experience, achievements, or other information which you believe are relevant to this role. (Maximum 300 words) |
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| Please explain why you have applied to this position and provide any additional information in support of your application. (Maximum 300 words). **NOT OTHER ATTACHMENTS WILL BE CONSIDERED**. |
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| **References** |
| Please give names of **two people** who are able to comment on your suitability for this post. One must be your **present or last employer**. If you have not previously been employed, please provide details of another suitable referee. The Academy reserves the right to seek any additional references it deems appropriate. |
| **CONSENT TO OBTAIN REFERENCES**  By completing this application, I give my consent for the Academy to approach the below named referees for the purpose of obtaining current or previous employment reference information or any other information they feel is relevant to this application. |

**SIGNED: DATE:**

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| --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to You** | **Address and Post Code** | **Contact Number** | **Email Address** | **Is this your Current Employer?** |
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**Please return you application to** [**Info@yacad.org**](mailto:Info@yacad.org)