

335 Stretford Road, Manchester M15 5ZA 0161 226 1912 info@z-arts.org

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| **APPLICATION FORM – Part 1** | |
| **APPLICATION FOR THE POST OF** |  |

**PLEASE COMPLETE ALL SECTIONS**

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| **PERSONAL DETAILS** | |
| SURNAME |  |
| FORENAME(S): |  |
| ADDRESS:  POSTCODE |  |
| TELEPHONE NUMBER: |  |
| TELEPHONE NUMBER (MOB): |  |
| E-MAIL ADDRESS: |  |
| NATIONAL INSURANCE NUMBER: |  |

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| **REFERENCES:** | |
| Please give the name, address and occupation of two referees. Where appropriate, one referee should be your current, or most recent employer. | |
| FIRST REFEREE: | SECOND REFEREE |
| NAME: | NAME |
| JOB TITLE: | JOB TITLE: |
| ADDRESS | ADDRESS |
| RELATIONSHIP: | RELATIONSHIP |
| TELEPHONE | TELEPHONE |
| EMAIL ADDRESS | EMAIL ADDRESS |

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| Please state where you heard of this vacancy : |

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| **Equal Opportunities Monitoring**  *Please note: - the information you give on this form is for monitoring purposes only and will be treated with confidentiality.* | |
| **Sexuality** | Bisexual  Gay Man  Gay Woman/ Lesbian  Heterosexual / Straight  Other  Prefer not to say |
| **Age** | 0 – 19  20 – 34  35 – 49  50 – 64  65+  Prefer not to say |
| **Ethnicity** | **White**  British  Irish  Gypsy or Irish Traveller  Any other White background  **Mixed**  White & Black Caribbean  White & Black African  White & Asian  Any other Mixed background  **Asian**  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background  **Black / Black British**  African  Caribbean  Any other Black background  **Other**  Arab  Any other ethnic group  **Prefer not to say** |
| **Disability and Impairment** | **Disability or impairment**  Do you identify as a deaf or disabled person, or have a long term health condition  Yes  No  Prefer not to say |

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| I certify to the best of my knowledge all the information I have given is correct. I understand that by deliberately giving false answers the offer of employment will be withdrawn.  SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

When completed this form should be posted to: **Jack Hartshorn, Z-arts, 335 Stretford Road, Hulme, Manchester, M15 5ZA Or emailed to: jack@z-arts.org**